L1700063922

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S. WARREN
JUN 0 9 2017

COVER LETTER

	Registration Sectorision of Corp.			
SUBJEC	B C L DESIG	INS LLC		
SUBJEC	.1:	Name of Limite	d Liability Company	,,
The encl	osed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please re	turn all correspond	dence concerning this matter to	the following:	
		LUCAS M GIMENO		
			Name of Person	
		B C L DESIGNS LLC		
			Firm/Company	
		12840 SW 9TH PL		
			Address	
		DAVIE FL 33325		
			City/State and Zip Code	
	et gel General	Igimeno@7eargo.com		
			be used for future annual report notificat	ion)
For furth	er information con	coming this matter, please call:		• • •
LUCAS	Minterio	Mu)	at (<u>786</u>) <u>760 - 3</u> Arca Code Daytime Tel	812
V	Name of P	erson	Area Code Daytime Tel	lephone Number
Enclosed	is a check for the	following amount:		•
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B C L DESIGNS LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number L17000063922	Liability Company	were filed on $\frac{03/2}{}$	1/2017	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
N/A The new name must be distinguishable and contain the	word. W issited Lieb	Hite Campana " that doe	ionation "LLC" or the ob	braviation "L. C."
Ţ.		N/A	ignation LLC of the ab	oreviation 13.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				<u></u>
Trucipul office dadress most the ASTRE	<u>LI ADDKESS</u>		.	
		N/A		
Enter new mailing address, if applicable:	r pav	IN/A		
(Mailing address MAY BE A POST OFFICE	<u>. BUX)</u>			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	47		our records, <u>enter</u>	the name of the ne
New Registered Office Address:	N/A			
		Enter Florid	a street address	
		Citv	lorida street address, Florida Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	•		rip Code
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office change.	e performance of m provided for in Ch e address, I hereby	y duties, and I am f apter 605, F.S. Or, confirm that the lin	amiliar with and if this document is nited liability
	If Cha	nging Registered Agei	nt, Signature of New atte	gistered Agent
				ji 32 0

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUCAS M GIMERO	12840 SW 9TH PL	
		DAVIE FL 33325	■ Remove
			☐ Change
MGR	LUCAS M GIMENO	12840 SW 9TH PL	⊟ Add
		DAVIE FI. 33325	Remove
			Change
			Add
			Remove
•			☐ Change
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			Change

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ective date, if o	other than the dat isted, the date must be	te of filing: _	03/21/2017	0.71	(opt	ional)	405.020
e: If the date in	scrted in this block	does not mee	t the applicabl	ate of filing or more e statutory filing	re than 90 days after requirements, th	is date will not be	listed as
ument's effectiv	e date on the Depar	tment of State	e's records.				
record specif	ies a delayed ef	fective date	e hut not a	n effective tir	ne at 12:01	a m. on the ea	arlier o
	after the record		c, but not a	ii ciicciiye di	, 0. 12.01	amin on the ot	
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T 1	ZIV // Sign	nature of a men	nber or authoriz	ed representative o	f a member	一程的 ▼	_
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