

L17000063922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

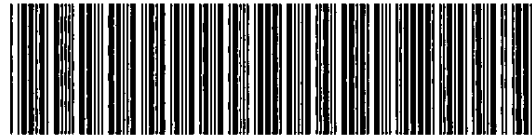
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500299975205

06/08/17--01001--021 \*\*25.00

FILED  
17 JUN -8 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 09 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: B C L DESIGNS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

lgimeno@7cargo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCAS M GIMENO

\_\_\_\_\_  
Name of Person

at ( 786 )

Area Code

760-2812

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

B C L DESIGNS LLC

FILED  
17 JUN -8 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
v Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7 JUL -8 PM 2:59

Remove Change Add Remove

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**E. Effective date, if other than the date of filing:** 03/21/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 31, 2017

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

LUCAS M GIMENO ----- MGR

Typed or printed name of signee

FILED  
17 JUN -8 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA