(Requestor's Name) (Address)	400319221944
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10/18/1801008024 ★★25.00
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Jennifer L. Bodenhamer, FRP Email: jb@pardojackson.com 200 S.E. First Street, Suite 700 Miami, Florida 33131 www.pardojackson.com Main: (305) 358-1001 Direct: (786) 800-3345 Facsimile: (305) 358-2001

October 11, 2018

Via Federal Express-Overnight Delivery Registration Section Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: BV2 Group, LLC – Document No. L17000095529 Amendment to the Articles of Organization

Dear Sirs:

Enclosed please find an executed Amendment for the above referenced Florida Limited Liability Company. Please process and send us confirmation letter. Enclosed is a check for the filing fee in the amount of \$25.00.

Thank you for your assistance and if you have any questions or need anything further, please feel free to contact me.

Sincerely,

Jennifer Bodenhamer For the Firm

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COVER LETTER

TO: Registration Section Division of Corporations

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BV2 Group, LLC
SUBJECT:

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:

Michael J. Pardo, Esq.

Pardo Jackson Gainsburg, PL	
Firm/Company	
200 SE 1st Street, Suite 700	
Address	Ger
Miami, Florida 33131	. 5
City/State and Zip Code	>
npardo@pardojackson.com	ထု

For further information concerning this matter, please call:

Michael J. Pardo, Esq.

Name of Person

305 358-1001 Ext.303 at (_____) Area Code 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BV2 Group, LLC				
(<u>Name of the Lim</u>	ited Liability Comp. (A Florida Limited	<u>inv as it now appears on our r</u> Liability Company)	ecords.)	
The Articles of Organization for this Limited I Florida document number <u>L17000095529</u>	and assigned			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	<u>ility company here</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		2101 SW 76 Avenue		
(Principal office address MUST BE A STREET ADDRESS		Miami, Florida 33155		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		2101 SW 76 Avenue Miami, Florida 33155		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address <u>her</u>	ffice address on our rec <u>e</u> :	cords, <u>enter th</u>	ie hame of the n
Name of New Registered Agent:	Liana Rivera		<u>ب</u>	2
New Registered Office Address:	2101 SW 76 A			
		Enter Florida street a		
	Miami	City	_, Florida	5 Zip Code
		Cur.		λp $\bigcirc ae$

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Norman S. Segall, Trustee	I Alhambra Plaza, Suite 1410	🗖 Add
		Coral Gables, Florida 33134	Remove
			Change
MGR	Norman S. Segall, Trustee	E Alhambra Plaza, Suite 1410	Add
		Coral Gables. Florida 33134	E Remove
MGR	Liana Rivera	2101 SW 76 Avenue	Add
		Miami, Florida 33155	
			B Remove
		<u> </u>	<u>0</u> ,
			Change
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E. Effective date, if other than the date of filing: ______ (optional) (It 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 October 11 2018 (b nora Signature of a member or authorized representative of a member DA RIVENA ana

Page 3 of 3 Filing Fee: \$25.00