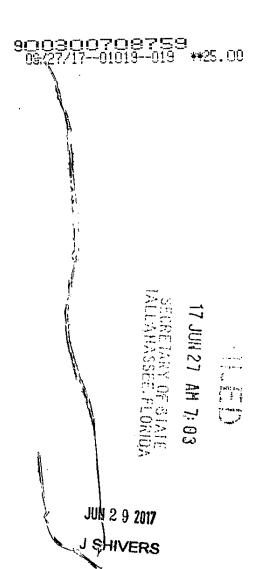
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only





## **COVER LETTER**

TO:

TO: Registration Division of C	Section Corporations		
SUBJECT.	BF JEWI	ELERS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
. •	LEON BENZAQUEN GA	BAY	
	BF JEWELERS LLC	Name of Person	
	134 SOUTH DIXIE HWY	Firm/Company # 202	
	HALLANDALE/ FLORIC	Address DA 33009	
	avnet_miami@hotmail.com	City/State and Zip Code	ication)
For further informatio	n concerning this matter, please co	all:	
LEON BENZAUEN		305 9108081 at ( )	
Nan	ne of Person		Telephone Number
Enclosed is a check for	or 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)
Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee. FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BF JEWELERS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Eminico Emonity Company)
The Articles of Organization for this Limited Liability Company were filed on May 31,20172 and assigned
Florida document number. L17000119082
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The state of the s
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address', if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
on a set of
New Registered Office Address:
Enter Florida street address
Florida $S = S$
City Zip Code *
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 th 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
AP	DEYANIRE GONZALEZ	134 South Dixie Hwy # 202 Hallan   F1 33009	
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D. İfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effec	tive date, if other than the date of filing:	020773
<u>note</u> :	in the date inserted in this block does not meet the applicable statutory thing requirements, this date will not be fisted	ed as the
docur	ment's effective date on the Department of State's records.	
the re ارا Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
, , , , , , , , , , , , , , , , , , ,	Section of the record is med.	
Dated	June: 14 . 2017.	
Daice	June 14 2017	
	Signature of a member of authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00