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COVER LETTER

Division of Corp					
SUBJECT: BG	Investina	LLC.			
·		ited Liability Company			
				•	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Gina	Rocha			
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	AB A	11 Services			
		Firm/Company			
	1100 W	29th st ste	<u>C</u>		
	Healeah	ll 33012			
	0/01/02	City/State and Zip Code		Prints Lifes minis	
	E-mail address:	to be used for future annual report notific	ation)	3	*
For further information co	ncerning this matter, please co	all:	•	,	-
(jina	Rocha	at (<u>305</u>) <u>882-</u>	1238 -	j	7
Name of	Person	Area Code Daytime T	elephone Number		
				15.3	
Enclosed is a check for the					
X S25.00 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 Sta Certified Copy (additional copy is e	atus &	

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

BG Investing Lh	<u>C</u>
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4/7000/59627	were filed on $07/26/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab B. Tovesting R. Jet sky The new name must be distinguishable and contain the words "Limited Viabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3960 NW 188 St Miami Gardens St 33055
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3960 NW 188 57 Miami Gardens A 33055
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	Enter Florida street address Low dens . Florida 33055 City Zip Code
New Registered Office Address: 3960	NW 188 51 Enter Florida street address
Miami	bardens Florida 33055
	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 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 Agen). Signature of New Registered Agent

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
AMGR	Brandon Gomez	3960 NW 188 St	 Add
		Miami Gardens Cl	Remove
		33055	Change
MGB	Pavel R. Oliva Gonzalez	3960 NW 188 St	⊠ ,Add
		Mianic Gardens H	Remove
		33055	□ Change
47	6isela Munoz	1100 W 29 st	🗅 Add
		- Hideah Cl	▼ Remove
		33012	□ Change
			Remove
		3.	. □ Change
			: '□ Add .
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	No.
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ective date, if other than the date of filing:	(optional)
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 605.0
e: If the date inserted in this block does not meet the applicable statu ument's effective date on the Department of State's records.	itory filing requirements, this date will not be listed
·	
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	,
(1	
ed 08/31/2018	
(14)	
Signature of a member of authorized repr	

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Filing Fee: \$25.00