L17000160592

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Outline of Chang
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	TTAL INVESTMENTS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Peter Cagle				
Name of Person					
PBC Accounting and Tax Services Corp					
Firm/Company					
	9700 S Dixie Hwy Suite 9	30			
Address					
	Miami, FL 33156			SEE PE	2023 FEB
	peter@pbctaxes.com	City/State and Zip Code			FEB !
	E-mail address: (to be used for future annual report noti	fication)	:52: :50:	9 0
For further information c	oncerning this matter, please c	all:		EE S	PM 3: 24
Peter Cagle		786 536-7659		J. 316.	: 24
Name o	f Person		e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	le of Statu	
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&M CAPITAL INVESTMENTS LLC	• -			
(Name of the Limited I. (A.)	iability Compa Iorida Limited	any as it now appears on our Liability Company)	records.)	_
The Articles of Organization for this Limited Liabil Florida document number L17000160592	lity Company	were filed on 07/27/2017	7	and assigned
his amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	oility company here:		
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		1717 N Bayshore Dr Ap	nt 1939	
Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33132		_ 2
			TAC	D23
inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			S) C)	P [6
			m m	<u>ы</u>
				24
 If amending the registered agent and/or registered and/or the new registered office address here. 		address on our records,	enter the name of	of the new regist
Name of New Registered Agent:	BC Accountir	ng and Tax Services		
New Registered Office Address:	700 S Dixie H	Iwy Suite 930		
		Enter Florida stree	t address	
<u> </u>	1iami		Florida ³³¹⁵⁶	5
_		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 Agent, 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
AMBR	BRUMA Global Services LLC	9700 S Dixie Hwy Sye 930	
		Miami, FL 33156	□Remove
			⊟ Change
			□Add
			□Remove
			Change
			Add Add
			SOUTH COMPANY
			□Remove
			Change
		 	□Add
			□Remove
			Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: 22/07/2023 (optional) Fan 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 sole: 17 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becurnent's effective date on the Department of State's records. The optional of the state of the prior to date of filing or more than 90 days after filing.) Pursuant to state is records. The optional of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becurnent's effective date on the Department of State's records. The optional of the optional optional of the optional op	f amending any other informatio	n, enter change(s) nere:	Allach adallonal snee.	is, y necessary.)	
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Signature of a member or authorized representative of a member S20 P		ate, but not an effective time	, at 12:01 a.m. on the earl	lier of: (b) The 90th	day after the
Signature of a member or authorized representative of a member 900 -	February 7th	2023		SEC.	2023
Signature of a member or authorized representative of a member	ated		\mathcal{M}	RE IARY	FEB 10
Alfreda Lombardi Alfreda Lombardi	Sig	mature of a member or authorize	ed representative of a memb	or SEE	PH S

Typed or printed name of signee