L17000171319

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
	BJB INTL.	LLC		
SUBJECT:		Name of Limi	ited Liability Company	
		A Long Affrica and make	uringed for Clina	
		Amendment and fee(s) are sub-		
Please return	n atl correspo	ndence concerning this matter	to the following:	
		LIA ALMEIDA		
			Name of Person	
		OGC ASSOCIATES PA		
			Firm/Company	
		3275 W HILLSBORO BL	VD STE 306	
		···	Address	
		DEERFIELD BEACH, FL	33442	
	City/State and Zip Code			
		OFFICE@OGCASSOCIAT		
		E-mail address: (to be used for future annual report not	fication)
For further i	nformation c	oncerning this matter, please ca	all:	
LIA ALME	IDA		954 708-2817	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	ne following amount:		
≅ \$25.00 l	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)
	uling Addres		Street Address: Registration Se	ction
	~	Corporations	Division of Cor	
P.0	D. Box 632	1.7	The Centre of ?	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJB INTL, LLC			
(<u>Name of the Lin</u>	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	/09/2017 and as	signec
lorida document number L17000171319	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>!re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if appl	icable:		
b. i i I ZC I I MICT br A CTBI	SET ADDRESS)		
<u>Principal office address MUST BE A STRE</u>			
rtincipal office address MOST BE ASTRE			
rtincipal office address MOST BE ASTRE			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable:			
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFIC</u> 3. If amending the registered agent and/or	E <u>BOX)</u> registered office address on our re		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFIC</u> . If amending the registered agent and/or	E <u>BOX)</u> registered office address on our re		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or gent and/or the new registered office address and the new registered office address and the new registered office address and the new registered of the new registered of the new registered of the new registered agent:	E <u>BOX)</u> registered office address on our recess here:	ecords, <u>enter the name of the ne</u>	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I. If amending the registered agent and/or gent and/or the new registered office address.	E BOX) registered office address on our recess here: OGC ASSOCIATES PA 3275 W HILLSBORO BLVD STE	ecords, <u>enter the name of the ne</u>	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address and the new registered of the new registered o	e registered office address on our recess here: OGC ASSOCIATES PA 3275 W HILLSBORO BLVD STE	ecords, <u>enter the name of the ne</u> E 306	w reg

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.

> ture of Nex Registered Agent If Changing Registery

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		·	Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□ Renюve
			☐ Change
			□Add
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			□Change
<u> </u>		 	□Add
			□ Remove
			□ Change

D. If amending any oth—inf	mmation, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
	
	
,	
Note: If the date inserted in	n the date of filing:
If the record specifies a delayed e record is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 18th	. 2020
	Signature of a member or authorized representative of a member
BRUNO DA COS	• •
	Typed or printed name of signee