# L18000147173

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DATE:

3/13/20

NAME: BNR 272 SW3 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

	ion Section If Corporations		
	272 SW3 LLC		
SUBJECT:	Name of Lie	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matte	r to the following:	
	Gustavo de Zendegui		
		Name of Person	
	Zendegui Law Group		
	Name of Person	Firm/Company	
	1111 Kane Concourse Su	ite 310	
	<del></del>	Address	
	Bay Harbor Islands, FL 3	3154	
		•	
	<del>-</del>	om (to be used for future annual report notification)	
For further informat	tion concerning this matter, please	•	
	•		
Gustavo de Zendeg		305 579-3333 at ()	
И	ame of Person	Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:		
<b>■ \$25.00 Filing F</b>	ce \$30.00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)  \$60.00 Filing I  Certificate of  Certified Copy  (additional copy is	Status &
<u>Mailing A</u> Registrat	<u>ddress:</u> ion Section	Street Address: Registration Section	
	of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/None of the Limit is blick.	••	
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	<u>15.</u> J
The Articles of Organization for this Limited Liability Company Florida document number L18000147173	and assigned	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		~
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C.
nter new principal offices address, if applicable:	N/A	or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS		· – ယ
		هـ ي ;
nter new mailing address, if applicable:	N/A	بې 
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registe
ramic of frew Registered Agent.		
New Registered Office Address:		<u> </u>
	Enter Florida street address	5
		orida
	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>	<u>Address</u>	Type of Action
MGR	Blanca Cooper	1031 NE 28 Terr	<b>∃</b> Add
		Pompano Beach, FL 33062	□Remove
			□ Change
			□Add
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blowment's effective date on the De	ock does not meet the applicable	date of filing or more than 90 d le statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605. ents, this date will not be liste	0207 (3) d as the
cord specifies a delayed effective s filed.	date, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after	the
ed March 5	2020	. •		
ted March 5	2020 Signature of a member or authorize	2/		

Filing Fee: \$25.00