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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations
SUBJECT: BCC BCOUTHFUL BCOUTHFUC LIC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DECEMBER 1
5545 SW8th St Sluit 202
miami, fl 33134
Beckeautifubeautubar a smail.com
For further information concerning this matter, please call:
-
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCC BCULLI- (Name of the Limite	Liability Company A Florida Limited Lia	as it now appears on of the Company)	LLC our records.)		
The Articles of Organization for this Limited Lia Florida document number 1.380W	ability Company w	ere filed on	17.3019	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	y company here:		<i>:</i>	
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the design	ation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREE)	T ADDRESS)			P	
Enter new mailing address, if applicable:				第15 Km	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or the new registered off		ce address on our	r records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Britin	ey masi			
New Registered Office Address:	7545 SI	W 8th St Enter Florida si	Suite 20	6	
		Cin.	, Florida	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, <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>	<u>Address</u>	Type of Action
AMBR	Britmey Masun	MI NW535 St	bb
•		Miami 11 33127	🗖 Remove
			Change
AMBR	KNSTY PICONNELL	241 SW218+5+	□ ∧dd
		miami fl 33145	Remove
			☐ Change
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			Change SEP Mdd Plange S2 Change
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ffective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the	e must be specific an his block does not h	d cannot be prior to d meet the applicable			
e record specifies a del The 90th day after the			n effective time, at	12:01 a.m. on th	e earlier o
nted <u>AUSUS</u> +	30m	2018			
	Signature of a	member or authorize	d representative of a mem	ber	
	~ ′ .				

Page 3 of 3

Filing Fee: \$25.00