L18000193714

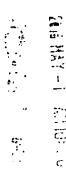
((Requestor's Name)
	(Address)
((Address)
	(City/State/Zip/Phone #)
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	(Document Number)
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COVER LETTER

Div	ision of Corporation	18			7
eun war.	BCP INVESTMEN	T. LLC			
SUBJECT:		Name of Limite	ed Liability Company		<u> </u>
The enclosed	d Articles of Amendr	nent and fee(s) are subm	sitted for filing.		
Please return	n all correspondence	concerning this matter to	the following:		ि _व र्षे
	Fran	acisco Cabrera			
	Am	erica Food Services	Name of Person		
	631	3 NW 99th Ave	Firm/Company		
	Do	al. Florida 33178	Address		
	fcab	rera@americafoodservic			-
For further	information concerni	E-mail address: (to ng this matter, please ca	o be used for tuture annual rep ll:	ort notification)	
Francisco (786 20307	764	
	Name of Persor		Area Code	Daytime Telephone Number	r
Enclosed is	a check for the follo	wing amount:			
\$25.00	Filing Fee	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	ed) Certified	ate of Status &

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

Registration Section

TO:

 ${\bf STREET/COURIER\ ADDRESS:}$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCP INVESTMENT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/13/2018 and assigned Florida document number _L18000193714 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	Francisco Cabrera	4114 Carriage Drive, N1 Pomapano Beach Fl 33069	Add
			■ Remove
			Change
MGR	Chagin Buaiz	6313 NW 99th Ave Doral, Florida	Add
			■ Remove
			☐ Change
MGR	Carlos Bello	5268 NW 103 RD AVE, Doral Florida 33178	
			■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<u></u>		
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Note: 1	ve date, if other than the date of filing:	020 :d a
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	€ר כ
Dated_		
	Minus axX	
	Mana 14 1	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00