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## **COVER LETTER**

Registration Section

**Division of Corporations** 

MAILING ADDRESS:

Division of Corporations

Tallahassee, Fl. 32314

Registration Section

P.O. Box 6327

TO:

SUBJECT: BJG	PROPER	TIES, LLC ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	NOEL	Name of Person	<del></del>
	BJaF	ROPERTIES Firm/Company	; LLC.
	<u>5333</u> C	OLLING AVE	APT 503
	MIAMI BE	EACH FC 3.= City/State and Zip Code	3140
	GI IFCOAST	City/State and Zip Code  Flowers who o be used for future annual report notif	otmail-con
For further information co	ncerning this matter, please ca	dt:	
Noel Qui	Person	at ( <u>237)</u> <u>537-</u> Arca Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJA PROPERTIE	s it now appears on our reliability Company)	echilos)> 1: 1: 1:9
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900370</u> 01		2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 of registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street (	address
		_, Florida
	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

n 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
MGR	ELIZABETH P. QUIN	TANA 5333 COLLINSAY	Add ترج
		APT #503	Remove
		MAMI BEACH, FL 3314	├ <u></u> □ Change
			\D \Add
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			Change

D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<del> </del>	
(If an effective date Note: If the date	if other than the date of filing:
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: by after the record is filed.
Dated	Signature of a member or authorized representative of a member
_	Mund
	Signature of a member or authorized representative of a member
	NOEL QUINTANA Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00