L18000270018

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BJQ PROPERTIES LLC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
BJA PROPERTIES, LLC
5333 Collins AVEnue #503
MIAMI BEACH, FZ 33145 City/State and Zir Code Ely and the boys of the used for future annual report notification)
For further information concerning this matter, please call:
ELIZABETH QUINTANA at (305) QB-5358 Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\subset} \te

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BJQ PROPERT	TIES, LLC
(<u>Name of the Limited Liabil</u> {A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L18000270</u> C	Company were filed on 1100/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the Jin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	<u>RESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, <u>enter the name of the new</u>
	ingin digentus firequentus
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.

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>	Address	Type of Action
AMBR	NOEL QUINTANA	5333 Collins Ave #5	3 Add
,		MIAMI BEACH, FL 3311	<u> </u>
			■ Change
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D. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	10/59 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	NOEL QUINTANA Typed or pointed name of circums

Page 3 of 3

Filing Fee: \$25.00