

219000057586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

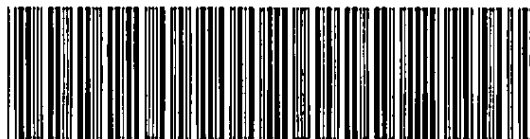
(Business Entity Name)

(Document Number)

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APR 08 2019

R. WHITE
APR 13 2019

FILED
2019 APR -8 PM 3:47
TALLAHASSEE
STATE
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brickell Biscayne 7G, 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:

Alicia Dominguez

Name of Person

B&L Management Group

Firm/Company

2937 SW 27th Ave Suite 202

Address

Miami, FL 33133

City/State and Zip Code

ado@bdevelopments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Dominguez

at (305) 631-6660

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

City

Zip Code

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>	<u>Type of Action</u>
MGR	B&L Management Group	2937 SW 27th Ave Suite 202	<input type="checkbox"/> Add
		Miami, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRanco Barbagallo	2937 SW 27th Ave Suite 202	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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