

L19000069089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

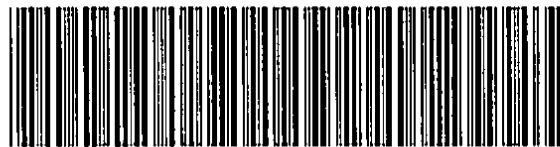
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2019 AUG 26 PM 5:42

FILED

C. GOLDEN

AUG 27 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B.G. Business Ventures 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:

Travone Birch

Name of Person

B.G. Business Ventures LLC

Firm/Company

13270 Bluewater Cir

Address

Orlando, FL 32828

City/State and Zip Code

travone.m.birch@hotmail.com

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

For further information concerning this matter, please call:

Travone Birch

386 589-3864
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2019

TRAVONE BIRCH
13720 BLUEWATER CIRCLE
ORLANDO, FL 32828

SUBJECT: B.G. BUSINESS VENTURES LLC
Ref. Number: L19000069089

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must check the type of action each manager/member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 819A00011904

2019 AUG 26 PM 3:05

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2019

TRAVONE BIRCH
13720 BLUEWATER CIRCLE
ORLANDO, FL 32828

SUBJECT: B.G. BUSINESS VENTURES LLC
Ref. Number: L19000069089

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00007493

RECEIVED

2019 JUN 10 PM 12:13

STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 AUG 26 PM 5:42

B.G. Business Ventures 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 03/06/2019 and assigned
Florida document number L19000069089.

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:

13720 Bluewater Cir

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL, 32828

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:

Travone Birch

New Registered Office Address:

13720 Bluewater Cir

Enter Florida street address

Orlando

City

Florida 32828

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, 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>
AMBR	Travone Birch	13720 Bluewater Cir	<input checked="" type="checkbox"/> Add
		Orlando, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeremiah Birch	13720 Bluewater Cir	<input type="checkbox"/> Add
		Orlando, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Travone Birch	Travone Birch	<input checked="" type="checkbox"/> Add
		13720 Bluewater Cir	<input type="checkbox"/> Remove
		Orlando, FL 32828	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The only authorized person at this point and time should be Travone Birch

[illegible]

03/06/2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12th of August, 2019

Irene M. Birch

Signature of a member or authorized representative of a member

Travone Birch

Typed or printed name of signee