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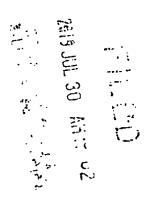
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B & B bel Pozu 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:
BETTSU DEI POZO Name of Person
Firm/Company
16661 SW 78 TETT. Address
Address Miami, Clorida 33193 City/State and Zip Code
DEL POZO BETTS J 24 @ 6 mail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DETTSY DOW POZO at (786) 458-6750 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314 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**

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

(A Fiorida Limited	i Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{4 \sqrt{08/2019}}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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 he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
 -	City Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>li</u>
I havely accent the appointment as registered ment and our	ove to act in this canacity. I further agree to comply with

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i. 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 acor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
SEC	BERTH GARCIO	16661 SW 78 TErr	🗀 Add
		16661 SW 78 TErr Mami, GP 33193	Remove
			Change
			□ Add
			□ Remove
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			_□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	effective date, if other than the date of filing:
f the root	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	d 7/25 .2019.
	Signature of amember or authorized representative of a member
	Betty Del Pozo.

Page 3 of 3

Filing Fee: \$25.00