L19000118381

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SECRETARY OF STATE

COVER LETTER

		stration Sec sion of Corp		£	
SUBJEC	ът.		EERING, LLC		ż
SUBJEC	, I i .			ited Liability Company	
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn	all correspon	dence concerning this matter	to the following:	
			MIRTHA MERCADO		
			BCC ENGINEERING, LL	Name of Person C	
			6401 SW 87 AVENUE, SU	Firm/Company JITE 200	
			MIAMI, FL 33173	Address	
			MMERCADO@BCCENG.		
For furth	er in	formation co	E-mail address: (i neerning this matter, please ca	to be used for future annual report notificall:	ation)
MIRTH	A MI	ERCADO		305 670-2350	
		Name of I	Person	at () Area Code	Celephone Number
Enclosed	l is a	check for the	following amount:		
□ \$25.0	00 Fi	ling 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)
			NG ADDRESS: ion Section	STREET/COURIEI Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCC ENGINEERING, LLC

O'CHACHNEERING, LLC	I Lare Comment of the	and to V
(A)	Liability Company as it now appears on our r Florida Limited Liability Company)	ecorus.)
The Articles of Organization for this Limited Liab Florida document number L19000118381	oility Company were filed on 5/8/19	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	FILEC 19 HAY 28 A SECTION DAY 20 FALLAMASSEE,
B. If amending the registered agent and/or registered agent and/or the new registered offic		
Name of New Registered Agent:		. · <u> </u>
New Registered Office Address:	Enter Florida street a	ıddress
		, Florida
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a	• •	• • •

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 an ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE A MUNOZ	6401 SW 87 AVENUE, SUITE 200, MIAMI, FL 33173	∃ Add
			☐ Remove
			Change
MGR	ARIEL MILLAN	6401 SW 87 AVENUE, SUITE 200, MIAMI, FL 33173	Add
			Remove
			□ Change
MGR	JESPER KANOLD	6401 SW 87 AVENUE, SUITE 200, MIAMI. FL 33173	■ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			D Add
			Remove
		·	Change
			Remove
		<u> </u>	Change

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E. Effec	tive date, if other than the date of filing: (optional)
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
Daice	
	5/24/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00