

10/2/23, 11:47 AM

Division of Corporations

**L19000195114**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BZN BOTTLING & PACKAGING SERVICES, LLC**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BZN BOTTLING & PACKAGING SERVICES 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:

ANWAR I PUELLO

Name of Person

TAX S PRO CORP

Firm/Company

8030 PINES BLVD

Address

PEMBROKE PINES , FL 33024

City/State and Zip Code

INFO@TAXSPRO.COM

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

For further information concerning this matter, please call:

ANWAR I PUELLO

786 307-2733  
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 &  
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☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BZN BOTTLING & PACKING SERVICES 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 08/01/2019 and assigned  
Florida document number L19000195114.

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:

6521 SW 41st CT

**(Principal office address MUST BE A STREET ADDRESS)**

DAVIE, FL 33314

Enter new mailing address, if applicable:

6521 SW 41st CT

**(Mailing address MAY BE A POST OFFICE BOX)**

DAVIE, FL 33314

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>
AR	FLORES ZURITA,BENJAMIN F	7400 STIRLING RD , 911	<input type="checkbox"/> Add
		HOLLYWOOD , FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FLORES ZURITA,BENJAMIN F	6521 SW 41st CT	<input checked="" type="checkbox"/> Add
		DAVIE , FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CAMPOS QUINTANA, JEANINE	7400 STIRLING RD , 911	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Campos Quintana, Jeanine K	6521 sw 41st CT	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



