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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

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

Email Address: GN@ATTORNEYMIAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B PLACE LLC

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COVER LETTER

Page: 3 of 6

TO: Registration Se Division of Cor					
B PLACE I	LLC				
SUBJECT:					
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alexis I. Marrero Koratich				
	Name of Person				
	Geoffrey M. Wayne, P.A.				
Firm/Company					
135 San Lorenzo Ave., PH 840					
		Address	·		
	Coral Gables, FL 33146				
		City/State and Zip Code			
	gn@attomeymiami.com				
		to be used for future annual report not	(fication)		
For further information of	concerning this matter, please c	all:			
Alexis I. Marrero Koratich		305 381-8108			
Name o	of Person	at ()	ne Telephone Number		
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		_	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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



B PLACE 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 w	were filed on 11/04/2019 and assi	igned
Florida document number £19000264031	(1) = 1 1 1 1 1 1 1 1 1 1	G
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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 office at agent and/or the new registered office address here:	ddress on our records, enter the name of the nev	v registered
Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida street address , Florida City Zip Code	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this doci	th and ment is
H Chan	nging Registered Agent, Signature of New Registered Agen	 I <u>t</u>

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>	Address	Type of Action
AMBR	MONDIFATTO LIMITED	135 SAN LORENZO AVE., PH 840	□Add
		CORAL GABLES, FL 33146	Remove
			□Change
AMBR	Guillermina R. de Loor	135 SAN LORENZO AVE., PH 840	= Add
		CORAL GABLES, FL 33146	[]Remove
			□Change
			OAdd;
			□Remove
			☐Add ↔
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			ra di

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Filing Fee: \$25.00

Typed or printed name of signee