

L20 000074156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

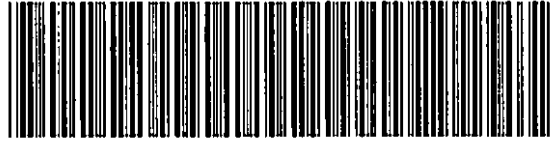
(Document Number)

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2020 NOV 30 AM 7:12  
CLERK OF DISTRICT COURT  
JANUARY 2021

○ SIMMONS  
JAN 12 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE KNIGHTS BRIDGE ENTERPRISE 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:

JUAN G RESTREPO

Name of Person

REAL TAXES SOLUTION LLC

Firm/Company

12850 W STATE ROAD, LOT 5-8, 2 BANYAN LN

Address

DAVIE, FL 33325

City/State and Zip Code

TAXESYA@YAHOO.COM

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

For further information concerning this matter, please call:

JUAN G. RESTREPO

954

249-5126

Name of Person

at ( )

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 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**

BLUE KNIGHTS BRIDGE ENTERPRISE LLC

2020 NOV 30 AM 7:12

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

(A Florida Limited Liability Company) s: BLUE KNIGHTS BRIDGE ENTERPRISE LLC  
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/2020 and assigned  
Florida document number L20000074156.

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:**

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

**Enter new mailing address, if applicable:**

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

7133 BAY DRIVE, APT. # 703

MIAMI BEACH, FL. 33141

**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*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZAMBRANO, RODOLFO, SR	665 NE 195TH STREET NORTH MIAMI BEACH, FL. 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	RIVERO, OMAIRA C. MS	665 NE 195TH STREET NORTH MIAMI BEACH, FL. 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ROMERO, RODOLFO	665 NE 195TH STREET NORTH MIAMI BEACH, FL. 33179	<input checked="" type="checkbox"/> Add <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
			<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.)

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2020 NOV 30 AM 7:12

STATE OF FLORIDA

TALLAHASSEE, FL

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

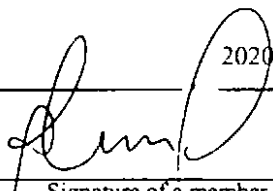
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 NOVEMBER 11TH

2020



Signature of a member or authorized representative of a member

RODOLFO ROMERO

Typed or printed name of signee