LZ0000145230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900351758029

09/10/20-+01006--020 **25.00



OCT 21 2020 M. SOLOMON

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ECT:	BGT WOW Name of Lim	LLC ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		Ta	Chang Name of Person	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			Firm/Company			
		3145 Coast	al HWY. Apt. 1	1146	2020	
		St. August	City/State and Zip Code City/State and Zip Code Complete Special Complet	<u> </u>	2020 SEP 10	
		E-mail address: (to be used for future annual report notif	fication)	PH 2	
For fur	ther information co	incerning this matter, please c	all:		25 1916 1916 1917 1917 1917 1917 1917 1917	
	Tal Cha Name of	ng Person		- 0711 e Telephone Number		
Enclose	ed is a check for the	e following amount:				
S25.00 Filing Fee S30.00 Filing Fee Certificate of State			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		
	Mailing Address	,	Street Address			

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

	T wow ac
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, enter the name of the new registered is here:
New Registered Office Address:	3145 Coastal HWY. Apt, #1146 Enter Florida street address
	St. Augustine, Florida 32084 City 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>	Address	Type of Action
MGRM lanaging Member	Tal Chang	3145 Coastal HWY.	□Add
Member		Apt. # 1146	□Remove
		St. Augustine, FL 32084	Change
			□Add
			□Remove
			□Change
			□Add
			Remove 28
			CCSEP 10
			Remove 10 PM 2-25
			Change
	-		□Add
			□Remove
			Change
			_ □Add
			_ 🗆 Remove
			_ Change

					· · · · <u>·</u> - ·	
					 -	
				 -		
	- · · · ·			·		
<u>-</u>						
						
						
				-		
						
<u> </u>				· · · · · · · · · · · · · · · · · · ·		100
						13S 1277
					د	. 23 0
		<u> </u>	<u></u>	<u></u>	• • • • • • • • • • • • • • • • • • •	10
					7.	PH OF S
					0.75	3 沙
		***				2. 2. 2.
		···			 -	
fective date, if other an effective date is listed, ote: If the date inserted cument's effective date.	the date must be spec ed in this block doe	ific and cannot be pr s not meet the app	for to date of filing	or more than 90 days	optional) after filing.) Pursu , this date will no	ant to 605.02 of be listed
ecord specifies a delay is filed.	ved effective date, b	out not an effective	e time, at 12:01 a	m. on the earlier o	f: (b) The 90th	day after th
nted 09 07 :	2020 - H		<u> </u>			
		y com				
	Signatur	c of a member or au	thorized representa	tive of a member		

Filing Fee: \$25.00



change title of registered agent

2 messages

Tal Chang <talchang19@gmail.com>
To: AmendmentsCorpHelp@dos.myflorida.com

Fri, Aug 28, 2020 at 6 44 PM

Halle

The bank is asking me to change the title of the registered agent (me) from 'Manager' to 'Managing Member'.

The LLC was a 50/50 partnership and one of the partners is leaving, in order to remove his name from the business bank account the bank is asking that I (the remaining partner and now 100% owner of the LLC) will be registered as a 'Managing Member' in the articles of incorporation.

Please let me know what is the procedure of changing the title of the registered agent.

Thank you, Tal

BGT WOW LLC

Tal Chang

talchang19@gmail.com

2020 SEP 10 PM 2-26

AmendmentsCorpHelp <AmendmentsCorpHelp@dos.myflorida.com>
To: Tal Chang <tatchang19@gmail.com>

Mon, Aug 31, 2020 at 9:30 AM

Good morning,

In order to amend the entity, you will need to go online to www.sunbiz.org under "Forms and Fees" and select "Limited Liability Company". Under "Florida LLC Forms" you will select "Amendment PDF". You will only fill out the sections of which are being amended, however the entire packet must be submitted for completeness.

This form will need to be mailed in with a check or money order for \$25.00, made payable to Department of State.

Unfortunately, our office does not offer expediting services. Amendments are taking 5 – 7 weeks for processing time, from the date the check or money order is cashed.

Thanks,

Terri Schroeder

Regulatory Specialist III

Amendments Section

Division of Corporations

Florida Department of State

850 245-6049

850 245-6897 (Fax)

www.sunbiz.org

Detail by Entity Name

Florida Limited Liability Company

BGT WOW LLC

Filing information

Document Number

L20000145230

FEI/EIN Number

NONE

Date Filed

05/28/2020

State

FL

Status

ACTIVE

Principal Address

3145 COASTAL HWY

1146

ST. AUGUSTINE, FL 32084

Mailing Address

3145 COASTAL HWY

1146

ST. AUGUSTINE, FL 32084

Registered Agent Name & Address

CHANG, TAL

3145 COASTAL HWY

1146

ST. AUGUSTINE, FL 32084

Authorized Person(s) Detail

Name & Address

Title MGR

- I bease change to MGRIM

CHANG, TAL

3145 COASTAL HWY #1146

ST. AUGUSTINE, FL 32084

Annual Reports

No Annual Reports Filed

Document Images

05/28/2020 — Florida Limited Liability

View image in PDF format