## Lacopalasou

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



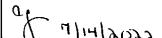
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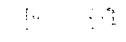
## **COVER LETTER**

	gistration Sect rision of Corpo			
SUBJECT:	BC MIAMI L	LC		
SOM CT.		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub	-	
Please return	all correspond	dence concerning this matter	to the following:	
		LUCIANO CAYETANO		
			Name of Person	
		BC MIAMI LLC		
			Firm/Company	
		966 NW 168th AVENUE		
			Address	
		PEMBROKE PINES,FLOI	RIDA 33028	
			City/State and Zip Code	
		LUCIANOCAYETANO@(	SMAIL.COM to be used for future annual report notif	iestion)
For further in	nformation con	cerning this matter, please ca	·	(Canon)
LUCIANO CAYETANO		786 877-7728		
	Name of F	Person .	Area Code Daytime	: Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	Piling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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



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BC MIAMI LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recording Limited Liability Company)	<u>ds.</u> );
The Articles of Organization for this Limited Liability Florida document number 120000212804	y Company were filed on 07/21/2020	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
MR YACHTS USA LLC		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		r the name of the new registere
agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	rss
	F	lorida
<del>-</del>	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
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		<del></del>	□Remove
		<del></del>	□ Change
	<del></del>		□Add
			□Remove
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ctive date, if other than the effective date is listed, the date must e: If the date inserted in this bloment's effective date on the De	be specific and cannot be ck does not meet the	e prior to date of filing applicable statutory	or more than 90 days after filing requirements, the	ional) r filing.) Pursuant to 605. is date will not be liste	.020 :d a:
cord specifies a delayed effective filed.	date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (	b) The 90th day after	the
JULY 13	2022	·			
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