

L20000240387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

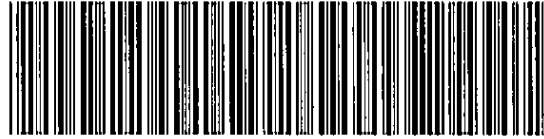
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2020 DEC -8 AM 8:32

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/08/2020

****WALK IN****

ENTITY NAME BGW INVESTMENT GROUP LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

BGW Investment Group 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 08-10-2020 and assigned
Florida document number L20000240387.

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)

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:

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>
MGR	Patrick Johnson	6307 Fox Ridge Dr.	<input checked="" type="checkbox"/> Add
		Plainfield, Illinois, 60586	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stuard Dillingham	9601 Delray Drive	<input checked="" type="checkbox"/> Add
		Cincinnati, OH 45242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Damon Jones	935 Marietta Street NW Apt.246	<input checked="" type="checkbox"/> Add
		Atlanta, Ga 30318	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kiari Morgan	9651 S Utica Ave	<input checked="" type="checkbox"/> Add
		Evergreen Park, IL 60805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sam Newell	480 Hibiscus St unit 241	<input checked="" type="checkbox"/> Add
		west palm beach FL,33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jovan Smith	2039 Mercer Avenue	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30337	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

See attached

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100

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 12-07, 2020

/s/ Dallas J Crawford SR

Signature of a member or authorized representative of a member

Dallas J Crawford SR

Typed or printed name of signee

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR:Cameron Shanklin-19221 NE 10th Avenue Apt 520 North Miami Beach, FL 33179-ADD

AMBR: Clarence Tolbert - 6190 Baltusrol Trace Fairburn GA, 30213 - ADD

AMBR: Ivan C. Brown - 8720 S. Ashland Ave Apt 2 Chicago, IL 60620 - ADD

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CLERK OF COURT