

(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		8/13/21





08/02/21--01023--008 **25.00



COVER LETTER

TO: Registration So Division of Cor			
cuntrer.		INVESTMENT, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JAIME PARLADE	
		Name of Person	
	PAR	LADE SCHAEFER & SCHORTZ	7
		Firm/Company	
	5975 SUNSET DRIVE SUITE 802		
		Address	
	SC	OUTH MIAMI, FL 33143	
	*****	City/State and Zip Code	
	ACCC	OUNTING@PSSCPAS.COM	
	E-mail address: (to be used for future annual report not	ofication)
For further information c	oncerning this matter, please c	all:	
JAIME P	ARLADE	305 670-0400 at (
Name o	r`Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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	Street Address: Registration Se	
Division of C P.O. Box 632	=	Division of Co The Centre of	•
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BJ HOUSES INVESTMENT, LLC

21 AUG -2 AH 11: 12

(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 C	Company were filed on 11/23/2020	and assigned
Florida document number L20000370243	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-1	
		···
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u> t	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		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 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 AUG -2 AHII: 12	Type of Action
AMBR	BRENDA M RUIZ MILLET	1013 VISTA PALMA WAY	□ Add
		ORLANDO, FL 32825	Remove
			□Change
			□Add
			□Remove
			□ Change
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		<u> </u>	□Change
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			□Remove
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			□Remove
			□Change

mending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
	21 AUG -2 AHII: 12
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tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutorment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of; (b) The 90th day a
ed 30 July . 2021.	
Signature of a member or authorized representation	ntative of a member
JOSE A MERCADO TOF	
KINE A MERCALULATURE	N. N. C. N

Typed or printed name of signee