Torigia Department of State Privision of Corporations Electronic String Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238

Fax Number : (305)882-1260

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Brandongonezfx& Gmail.com

SEURETARY OF STATE TALLAHASSEE, FLORIDA

21 NOV -1 PM 1: 1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BG FX LLC

11/1

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Page Count	01
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Corporate Filing Menu

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COVER LETTER

TO:

	gistration Se Vision of Cor			
nr.m 18.67	BG FX LLC	S		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all corr e spo	ndence concerning this matter	to the following:	
		BRANDON GOMEZ		
			Name of Person	
			Pirm/Company	
		14802 NW 87TH CT		
			Address	
		MIAMI LAKES, FL 3301	8	
			City/State and Zip Code	
		BRANDONGOMEZFX@C	GMAIL, COM to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please c		incarion,
BRANDÓN			786 7274167 at ()	
	Name of	F Person	Area Code Daytim	ic Telephane Number
Enclosed is a	a check for th	c following amount:		
□ \$25.00 I	Filing Fec	□ \$30.00 Filing Pee & Certificate of Status	(1 \$55.00) Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S		<u>Street Address:</u> Registration Se	ction
Div	vision of C	orporations	Division of Cor	porations
	D. Box 632 Ilahassee, F		The Centre of T	Callahassee e Street, Suite 810
ı aı	manassee, r	L J4314	Tallahassee, FL	

400/200D 11/02/2021 TUR 14:36 PAX

ARTICLES OF AMENDMENT TO

		U		
ARTI	CLES OF (ORGANIZATION	ار الاراد الاراد	
	C)F	21 N	
				-r
BG FX LLC			2021 NOV - 1 SECKETAR TALLAHASSI	三一
(Name of the Limite	d Flapility Compa	ury as It now appears on our records.) Liability Company)		E D
,	A Florida Cimiled	Liability Compility)	PH OF S	()
The Articles of Organization for this Limited Lia	ability Company	were filed on 12/17/2020	and assigned	
Florida document number 1,20000394622			- DA	
1 total document named	 -			
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
, <u> </u>				
The new name must be distinguishable and contain the wo	urde "Lingited Liabi	lity Company " the decignation "I I C" or the ablu-	eviation "L.C."	
_	+	•	eviation E.E.C.	
Enter new principal offices address, it applica	ble:	14802 NW 87TH CT		
(Principal office address MUST BE A STREET	(ADDRESS)	MIAMI LAKES, FL 33018		
Enter new mailing address, if applicable:		14802 NW 87TH CT		
(Mailing address MAY BE A POST OFFICE B	10X)	MIAMI LAKES, FL 33018		
B. If amending the registered agent and/or re	gistered office :	address on our records, cuter the name	of the new registers	ed
agent and/or the new registered office address			ST CHE LIST CONTRACTOR	<u> </u>
Name of New Registered Agent:				
	14802 NW 87T	UCT		
New Registered Office Address:	17092 11 11 0/1	Enter Florida street address		
		THE LIVING SHEET WITH EAS		

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.

City

MIAMI LAKES

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33018

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
CEO	BRANDON GOMEZ	14802 NW 87TH CT	□ Add
		MIAMI LAKES, FL 33018	□Remove
			≅Change
			DAdd
			□Remove
			🗆 Change
			□Aḋd
			□Remove
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			OChange
			□Add
			□Remove
		<u> </u>	□Change

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ARE BOTH THE SAME PERS	SON BECAUSE I AM NO:LONGER LIVING IN THAT ADDRESS AND MY
BUSINESS IS RUN FROM HO	DME. I NEED ALL THE ADDRESSES CHANGED TO 14802 NW 87TH CT
MIAMI LAKES, FL 33018. PL	EASE AND THANK YOU SO MUCH FOR YOUR HELP.
	
 	
ective date, if other than the denter of the date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	ate of filing:
cord specifies a delayed effective d s filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
	Eñ
NOVEMBER IST	2021
NOVEMBER IST	2021 AAS
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R. (ginture of a member or authorized representative of a member

Filing Fee: \$25.00