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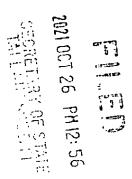
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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	BFGG	ILLC	
3005ECT.		ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		JESUS PEREZ	1 Jr.
		Name of Person	······································
		Firm/Company	
	5015	LAUREL CREET	Y DIACT
		Address	<u> </u>
	Du/rD	JUELL TI SOCTO	
	KIYER	VIEW, FL 33578 City/State and Zip Code	
	REC.C. I		
•	E-mail address: (	LC • GMAIL.COM to be used for future annual report no	otification)
For further information cond	cerning this matter, please c	all;	
TESH	0=0== <b>~</b>	an <i>ra</i> a	102/1
Name of Pr	PEKEL JK.	at ( <u>\$  3</u> ) <u>5 9 \$ -</u> Area Code	1834 me Telephone Number
Enclosed is a check for the f	Allowing amount		
	<del>-</del>	□ \$55.00 Pilling Pool 6	□ \$60.00 Eiling Ear
ty 525,00 Pling red	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	rtion	<u>Street Address:</u> Registration S	ection
Division of Cor		Division of Co	
P.O. Box 6327	•	The Centre of	
Tallahassee, FL	32314		oe Street, Suite 810
		Tallahassee, F	L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFGG LLC

2021 OCT 26 PM 12: 56

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cire

Enter Florida strect address

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
AMBR	DANIEL MU±02 SR.	118 N Sth AVE	□Add
		MOUNT VERNON, NY 10550	Remove
			□Change
AMBR DANIEL MUÑOZ SR	DANIEL MUÑOZ SR.	118 N 5th AVE	IZAdd
		Mount VERMON, NY 10550	□Remove
			Change
			□Add
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ffootiv	e date, if other than the date of filing: (optional)
an effec Note: If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record : Lis filed	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 f.
	Oct 15 2021
Dated	
Dated	Signature of a member or authorized representative of a member

Typed or printed name of signee