## 122000011316

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000379603820

01.18730--01.008--008 \*\*25.00

2022 JAN 18 PH 2: 22 SECRETARY OF STATE TALLAHASSEELFL

9000 AM 18 PA 2:



## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	£1277			
SOBIL	C1.		ited Liability Company	
The enc	Name of Limited Liability Company  seed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  Michael Dempsey  Name of Person  ZenBusiness INC  Firm/Company  5511 Parkerest Drive STE 103  Address  Austin, Texas, 787.31  City/State and Zip Code  fulfillment@zenbusiness.com  E-mail address: to be used for future annual report notification)  er information concerning this matter, please call:  Dempsey c/o ZenBusiness INC  Name of Person  Name of Person  Name of Person  Daytime Telephone Number  is a check for the following amount:			
Please re	eturn all correspo	ondence concerning this matter	Name of Limited Liability Company  adment and fee(s) are submitted for filing.  See concerning this matter to the following:  Tichael Dempsey  Name of Person  EnBusiness INC  Firm/Company  S11 Parkerest Drive STE 103  Address  ustin, Texas, 78731  City/State and Zip Code  fillment@zenbusiness.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  iness INC  at (Area Code)  Daytime Telephone Number  owing amount:  \$30.00 Filing Fee & S55.00 Filing Fee & G0.00 Filing Fee.  Certificate of Status Certificat Copy  Certificate of Status &	
		Michael Dempsey		
		<del></del>	Name of Person	
		ZenBusiness INC		
			Firm/Company	
		5511 Parkerest Drive STE	103	
			Address	<del></del>
		Austin, Texas, 78731		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ration)
For furtl	her information c	oncerning this matter, please co	all:	
Michael	l Dempsey c/o Zc	rnBusiness INC		
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$</b> 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## 

2022 JAN 18 PH 2: 23

MarinaBillOrlandol LLC	SChoot that A	
( <u>Name of the Limited Lia</u> (A Flo	SECOND 10 A contribution of the Company as it now appears on documents of the Company of the Com	
he Articles of Organization for this Limited Liabilit	y Company were filed on 2022-01-04	and assigned
orida document number 1.22000011316	·	
is amendment is submitted to amend the following		
If amending name, enter the new name of the	limited liability company here:	
BWJ Orlando LLC		
e new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• •		
<u>rincipal office address MUST BE A STREET AD</u>	<u> </u>	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX	)	
	<del></del>	
If amending the registered agent and/or registe	ered affice address on our records, enter the	e name of the new registe
ent and/or the new registered office address her		e name of the new register
	_	
Name of New Registered Agent:		
Come Mine Megister ingent.		
New Registered Office Address:	47 AN	
	Enter Florida street address	
	, Flori	da
<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.

			<del></del>
If Changing Registered a	Agent, Signature o	f.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
			□Add
			□Remove
			■Change
			□Add
			□Remove
			□Change
		<del></del>	□Remove
			□Add
			□Remove
			□Change
			□Add
		•	□Remove
			□Change
			□Add
			□Remove
			□ Change

	-			
				<del></del>
				<del></del>
				<del>_</del>
	· · · · · · · · · · · · · · · · · · ·			···
			<u> </u>	
-				
		<del></del>		
<del></del> ,	<del>-</del>	<u> </u>		
	<del>-</del>		·	
Effective date, if other the fame effective date is listed, the Note: If the date inserted is locument's effective date of	date must be specific and ca in this block does not mee	nnot be prior to date of filing the applicable statutor	( <b>option</b> ) g or more than 90 days after fili y filing requirements, this da	al) ing.) Pursuant to 605.0207 ate will not be listed as
		effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
record specifies a delayed d is filed.	l effective date, but not an			·
1 is filed.		2022		·
Dated January 12		2()22		,

Filing Fee: \$25.00