## 122000066919

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	gistration Se ision of Cor						
eun icer.	BG&M DIS	STRIBUTION LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		FABIAN O GHISELLINI					
			Name of Person	-			
		BG&M DISTRIBUTION	LLC				
			Firm/Company				
		20118 SW 124th Ct					
			Address		. <u>.</u>		
		MIAMI, FL 33177			2022 DEC 1708 J. 1		
	City/State and Zip Code						
		fabian.ghisellini@gmail.com	m to be used for future annual report no	atifantian)	·		
For further in	nformation c	oncerning this matter, please c	•	Ameadon)	<u> </u>		
FABIAN O	GHISELLIN	п	786 420-1909		וה		
	Name o	f Person	at () Area Code Dayti	ime Telephone Number	<del></del>		
Enclosed is a	check for th	ne following amount:					
<b>≌</b> \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
	iling Addres gistration S		Street Address: Registration S	Section			
Div	vision of C	orporations	Division of Co	orporations			
	). Box 632 Ilahassee, I		The Centre of	Tallahassee oe Street, Suite 8	10		
1 (1)	runussee, 1	L 76317	271J 11. WOUL	or purch pure o	10		

Tallahassee, FL 32303

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## TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our record Liability Company)  by were filed on 01/28/2022  billity company here:  billity Company," the designation "LLe	and assigned
bility company here:	
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bility Company," the designation "LL	C" th - akk-aufation 91 1 C"
	C or the abbreviation L.L.C.
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MIAMI, FL 33177	722
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20118 SW 124th Ct	<u> </u>
MIAMI, FL 33177	*T*
	ု ပို
e address on our records, <u>ente</u> r	r the name of the new reg
Enter Florida street addre	252
	lorida
	20118 SW 124th Ct MIAMI, FL 33177  20118 SW 124th Ct MIAMI, FL 33177  e address on our records, ente

## 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

DocuSign Envelope ID: C294219-5502-48D8-9985-BA5FED786FC1
11 amenuing Authorized rerson(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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□ Remove □ Change
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ive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be list
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, iled.	at 12:01 a.m. on the earlier of: (b) The 90th day after
nea.	
NAMES ADDITION OF THE SAME	
NOVEMBER 21ST 2022	
NOVEMBER 2151 2022	

Filing Fee: \$25.00