# L22000 251381

(Requestor's Name)
(Address)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinoed Entity vidino)
(Document Number)
Certified Copies Certificates of Status
Consider the American Assistance of States
Special Instructions to Filing Officer:

Office Use Only



700390131757

06/28/22--0:006--00: \*\*80:00

SECRETARY OF STATE
TALLAHASSEE FI

### **COVER LETTER**

2	TO: Registration Section Division of Corporations
	SUBJECT: BP Office and Packing Supplies LLC Name of Limited Liability Company
	The enclosed Articles of Amendment and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Bernard Julien Name of Person
	BP Office and Packing Supplies LLC
	1530 NE 136th St # 10
	N. Miami FL 33161  City/State and Zip Code
	BROFFICE PACKING SUPPLIES @ amail, Com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
•	Bernard Julien at (305) 794-9389  Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BP Office and Packing		B AM II: 32		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ner as it now appears on our records. LAHA	SSEE, FL		
The Articles of Organization for this Limited Liability Company Florida document number \( \bigsiz 22000251381 \)	were filed on	_ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi				
The new name must be distinguishable and contain the words "Limited Liabil		eviation "L.L.C."		
Enter new principal offices address, if applicable:	North Miami, FL	st apt 10		
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL	33161		
Enter new mailing address, if applicable:	1530 NE 136	st apt 10		
(Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL	- 33161		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name o	of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Planta.			
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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	Type of Action
AMBR	Julien Bernard	1530 NE 136th st	# 10 <b>X</b> Add
			□Remove
			□Change
	<u> </u>		🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			🗆 Remove
			□Change
			□Add
			□ Remove
			Change
			🗆 Add
			□Remove
			Change

<del>.</del>	<del></del>	N/A_			
<del></del>					
<del>.</del>					
					2822 JU SECON
			•		JUN 28 I
					SSEE. 11.
					2
<del>.</del>	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del></del>
				<u>.</u>	
					<del></del>
If an effective date is list Note: If the date in:	sted, the date must be sp serted in this block d	e of filing:  pecific and cannot be prior  oes not meet the applic  ment of State's records	able statutory filing	(optio e than 90 days after t requirements, this	iling.) Pursuant to 605.02
e record specifies a c rd is filed.	lelayed effective date	e, but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
Dated <u>Jun</u>	e 22	202	2.		
			// orized representative o		
	Signa	iture of a member of auth	orized representative o	a member	