

h22000252762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

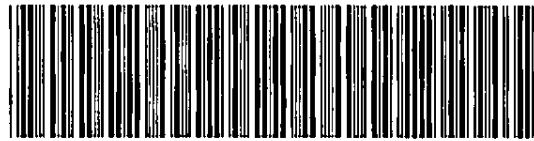
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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COVER LETTER

TO: Reinstatement Section
Division of Corporations

SUBJECT: BAMG BROTHERS LLC

(Name of Partnership)

DOCUMENT NUMBER: L220000252762

The enclosed Amendment to Partnership Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruno Goulart

(Name of Person)

BAMG BROTHERS LLC

(Firm/Company)

804 Federal Highway , ste 6 and 7

(Address)

Lake Park/FL/33403

(City/State and Zip Code)

bamgasausa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruno Goulart

(Name of Person)

At (786) 9929052

(Area Code)

(Daytime Telephone Number)

Mailing Address:

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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TALLAHASSEE, FL

AMENDMENT TO PARTNERSHIP STATEMENT

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to amend a partnership statement:

(Note: An amendment to a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being amended was previously filed and is of record with this office.)

FIRST: The name of the partnership is: BAMG BROTHERS LLC

SECOND: The partnership was registered with the Florida Department of State on _____
and assigned registration number L22000252762

THIRD: This amendment is to amend the following statement

- ☒ Statement of Partnership Authority, filed on 09/21/2022, assigned document number GP _____
☐ Statement of Dissolution, filed on _____, assigned document number GP _____
☐ Statement of Denial, filed on _____, assigned document number GP _____
☐ Statement of Dissociation, filed on _____, assigned document number GP _____
☐ Statement of Merger, filed on _____, assigned document number GP _____
☐ Statement of Limited Liability Partnership Qualification, filed on _____, assigned document number LLP _____

FOURTH: Text/Substance of Amendment:

Mailing Address change to: 804 Federal Highway, suite 7 - Lake Park/FL 33403
Registered Agent address change to: 195 Harbourside Circle - Jupiter/FL 33477
Remove of all Title ARs : Bernardo Goulart / Joseph Gazza . Renata Sardinha
Inclusion of Solo Title AR and Manager: Bruno Augusto Marques Goulart

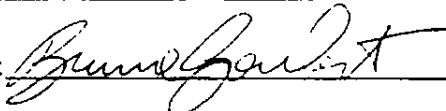
FIFTH: Effective date, if other than the date of filing: 09/15/2022
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 21st day of September, 2022

Signature of a partner or authorized person: 

Typed or printed name of person signing above: BRUNO GOULART

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

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TALLAHASSEE, FL