

3/2/23, 12:49 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L220000257214**

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(((H230000800813)))



H230000800813ABCW

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS
Account Number : 1201300000883
Phone : (305)359-3700
Fax Number : (786)217-1243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BS 204 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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MAR 03 2023

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

(H23000080081 3)

SUBJECT: BS 204 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:

SONIA BOTERO

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

1395 BRICKELL AVE STE 800

Address

MIAMI, FL 33131

City/State and Zip Code

MASTER@JPGBUSINESS.COM

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

For further information concerning this matter, please call:

SONIA BOTERO

305

359-3700

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

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

(H23000080081 3)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victoria Varas Burghardt	2875 NE 191ST. STREET, SUITE 801	<input type="checkbox"/> Add
		AVENTURA, FL 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pablo Maige	770 NE 195th. Apt 232	<input checked="" type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(H23000080081 3)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 602.0207 (3)(b)

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

If the record 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 record is filed

Dated February 7th 2023

Signature of a member of a political committee or a member

VICTORIA VARAS BURGHARDT

Printed or printed name of signer