L22 000 370 011

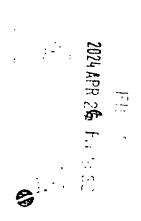
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/26/24--01008--006 **25.00





March 27, 2024

BAYRON S LOPEZ ESCOBAR 1931 SW 66TH AVE NORTH LAUDERDALE, FL 33068 US

SUBJECT: GENERAL BMG STUCCO LLC

Ref. Number: L22000370011

We have received your document for GENERAL BMG STUCCO LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00006590

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO: Registration Sec Division of Corp		
GENERAL	BMG STUCCO LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for tiling.
Please return all correspor	ndence concerning this matter	to the following:
	BAYRON S LOPEZ ESCO	DBAR
		Name of Person
	GENERAL BMG STUCC	O LLC
		Finn Company
	1931 SW 66TH AVE	
		Address
	NORTH LAUDERDALE,	FL 33068
		City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information ed	oncerning this matter, please co	all:
BAYRON S LOPEZ ESC	COBAR	
Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	RECEIVE	:D
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

no Check march 14th

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERAL BMG STUCCO LLC		_		
(Name of the Limited I (A)	Liability Compan Florida Limited L	i <mark>y as it now appears on</mark> iability Company)	our records.)	<u>—</u>
The Articles of Organization for this Limited Liabi Florida document number L22000370011	ility Company (were filed on $\frac{08/237}{2}$	2022	_ and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:		
GENERAL BMG STUCCO LLC			:	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the design	nation "LLC" or the abbre	vi @ "L.L.C."
Enter new principal offices address, if applicabl	e:	1931 SW 66TH AV	Е	
Principal office address MUST BE A STREET A		NORTH LAUDERI	DALE, FL 33068 [က် ည <u>ည</u>
				<u> </u>
Enter new mailing address, if applicable:		1931 SW 66TH AV	E -	pm ³
(Mailing address MAY BE A POST OFFICE BOX)		NORTH LAUDERI	DALE, Fl ₂ 32968- ⁷⁾	:
B. If amending the registered agent and/or regis agent and/or the new registered office address h	ere:	ddress on our recoi	rds, <u>enter the name o</u>	of the new regist
Name of New Registered Agent:	DATRON S LO	1 EZ ESCOBAR		· · ·
New Registered Office Address:	1931 SW 66TH			
		Enter Florida s	street address	
<u> </u>	NORTH LAUDI		Florida 33068	
		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.

RECEIVED	
MAR 1 4 2024	If Changing Registered Agent, Signature of 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
AMBR	GLORIA E ESCOBARVELASQU	701 SUNNY PINE WAY APTB	
		GREENACRES, FL 33415	■Remove
			□Add
			□Remove
		<u> </u>	
			□ Adđ
			□Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
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			□Add
			Remove
			□ Change

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N/A		
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	7-45	
 		
	02/00/2021	
fective date, if other than th	e date of filing:	(optional)
in effective date is listed, the date in the . If the date inserted in this !	ast be specific and cannot be prior to a slock does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605,020 le statutory filing requirements, this date will not be listed as
cument's effective date on the		ic statutory thing requirements, this date will not be listed as
ecord specifies a delayed effect	ive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	ve date, our not an effective time	at 12.01 a.m. on the earner of (b) The both day after the
MARCH 09	. 2024	
<u> </u>	·	
X BA Lots		
MINI		ted representative of a member

Filing Fee: \$25.00

Typed or printed name of signee