

L23000391 443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

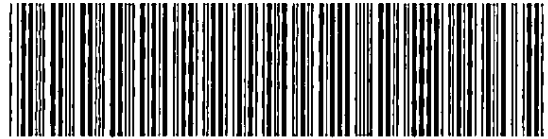
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2024 JAN 16 AM 9:42  
STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

2602475008

TO: Registration Section  
Division of Corporations



SUBJECT: BGC Enterprises 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:

Bertha M Gardens- Cruz

Name of Person

Bertha Gardens Cruz LLC

Firm/Company

14310 Southwest 8th Street Suite #941153

Address

Miami, Florida 33194

City/State and Zip Code

contact@hgc-enterprises.com

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

For further information concerning this matter, please call:

Bertha Gardens-Cruz 786 395-5154  
Name of Person at ( ) Area Code Daytime Telephone Number

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DEPT. OF STATE  
TALLAHASSEE, FL

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 Changing Registered Agent, Signature of New Registered Agent**

262478008

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Bertha Gardens-Cruz	PO BOX 941153	<input checked="" type="checkbox"/> Add
		Miami, Florida 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bertha Gardens-Cruz	PO BOX 941153	<input checked="" type="checkbox"/> Add
		Miami, Florida 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kaitlyn Cruz	PO BOX 941153	<input checked="" type="checkbox"/> Add
		Miami, Florida 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 JUN 16 PM 9:12  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

FILED

