

L23000526214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

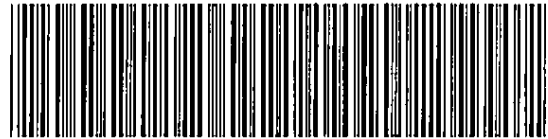
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGLOBAL GROUP 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:

LAYLA PORTELA

Name of Person

LCP GROUP CORP

Firm/Company

8508 park rd #112

Address

Charlotte, NC 28210

City/State and Zip Code

contact@laylaportela.com

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

For further information concerning this matter, please call:

Layla Portela

407

587-6561

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BGLOBAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/22/2023 and assigned
Florida document number L23000526214.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LCP ADVISORS	4700 MILLENIA BLVD SUITE 500	<input type="checkbox"/> Add
		ORLANDO, FL 32839, USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	US NA AMAZON CORP	140 SE 3RD STREET BAY C	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441, USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SINGLE PACKET LLC	13151 NE AIRPORT WAY, BLDG 14	<input type="checkbox"/> Add
		PORTLAND, OR 97230, USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAYLA PORTELA	4700 MILLENIA BLVD SUITE 500	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839, USA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gildeilson Carlos da Silva	Av dos Periquitos, 651	<input checked="" type="checkbox"/> Add
		Boituva - SP 18552-200, Brazil	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francisco Leite Pontilho	1633 SW 22nd St	<input checked="" type="checkbox"/> Add
		Troutdale Oregon 97060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated december, 01, 2023

Typed or printed name of signee