

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000552793

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To:

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

From:

Account Name : RAUL VALDES-FAULI, P.A.
Account Number : I20180000021
Phone : (786)870-5083
Fax Number : (786)907-4006

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

Email Address: safia.lavalle@stelac.com

STATE
TALLAHASSEE, FL

2024 MAR -4 PM 1:16

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BGI US PROJECT DEVELOPMENT LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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MAR - 5 2024

FAX AUDIT #H24000085089 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BGL US PROJECT DEVELOPMENT 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:

VANESSA LAGANA
Name of Person
RAUL VALDES-FAULI, P.A.
Firm/Company
355 ALHAMBRA CIRCLE, SUITE 1205
Address
CORAL GABLES, FL 33134
City/State and Zip Code
sofia.lavalle@stelac.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA
Name of Person
786 870-5083
at ()
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

FAX AUDIT #H24000085089 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BGI US PROJECT DEVELOPMENT 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 12/15/2023 and assigned
Florida document number L23000552793.

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)

999 BRICKELL AVENUE

SUITE 560

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

999 BRICKELL AVENUE

SUITE 560

MIAMI, FL 33131

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>
MGR	BELTRAN GARCIA, ANTONIO	999 BRICKELL AVENUE	☐ Add
		SUITE 560	☐ Remove
		MIAMI, FL 33131	☒ Change
MGR	BELTRAN GARCIA, NOELIA	999 BRICKELL AVENUE	☐ Add
		SUITE 560	☐ Remove
		MIAMI, FL 33134	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FAX AUDIT #H24000085089 3

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

[illegible]

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

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 605.0207 (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 JANUARY 26 2024

Signature of a member or authorized representative of a member

WOCUS BOLLING GARCIA
Typed or printed name of signer

Filing Fee: \$25.00

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