

L24000288761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

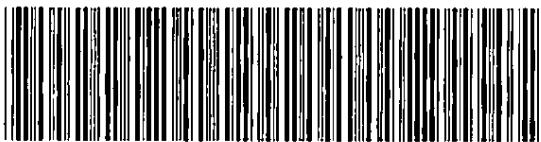
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200435410262

08/27/24--01008--002    \*\*52.50

FILED

2024 SEP 16 PM 1:01

FLORIDA  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2024

PASCUALE L GALLO RAMIREZ  
8115 ISLAND BREEZE DRIVE  
APT 302  
KISSIMMEE, FL 34747

SUBJECT: B&G BUSINESS, LLC.  
Ref. Number: L24000288761

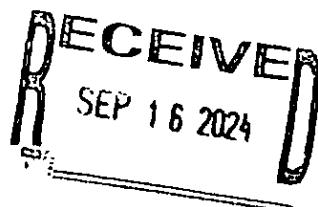
We have received your document for B&G BUSINESS, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 024A00019535





September 9th, 2024

To: Florida Department of State

Subject: B&G BUSINESS LLC

Ref. Number: L24000288761

On August 21, We sent the request to make an amendment to **B&G BUSINESS LLC**, our client, to remove one of the managers from their company.. At that time I sent you a **check number 1326 for an amount of \$ 52.50**, which was cashed and debited from the Bank of America account on August 29 (**copy attached**)

Today, September 9, I received a **letter number 024A00019535 (copy attached)** where you inform me that the form sent is for **LIMITED PARTNERSHIP** AND they sent me the form for **LIMITED LIABILITY COMPANY**, WHICH I AM SENDING AT THIS MOMENT.

There is a difference between the fee charged on the check mentioned of \$ 27.50 in my favor.  
Awaiting your response, I remain yours.

Sincerely

Janette Paredes

Por Loyal Multi Service Office Llc

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

B&G BUSINESS, LLC  
SUBJECT: \_\_\_\_\_  
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:

Pascuale Luis Alejandro Gallo Ramirez

\_\_\_\_\_  
Name of Person

B&G Business, LLC

\_\_\_\_\_  
Firm/Company

8115 Island Breeze Drive Apt 302

\_\_\_\_\_  
Address

Kissimmee, FL 34747

\_\_\_\_\_  
City/State and Zip Code

gallopascuale@gmail.com

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

For further information concerning this matter, please call:

Pascuale Gallo Ramirez

321 6829151

\_\_\_\_\_  
Name of Person

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2024 SEP 16 PM 1:01

B&G BUSINESS , LLC

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

FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 26,2024 and assigned Florida document number 124000288761.

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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**

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

2024 SEP 16 PM 1:01  
ALLAHASSEE, FLORIDA

October 01, 2024

(optional)

**E. Effective date, if other than the date of filing:**

(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 September, 9 2024

PASCUAL & GALLO RAMIREZ

Signature of a member or authorized representative of a member

PASCUALE LUIS ALEJANDRO GALLO RAMIREZ

Typed or printed name of signee

**Filing Fee: \$25.00**