M170

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARIN, ELJAIEK, LOPEZ & MARTINEZ, PL

Account Number : I20030000013

: (305)444-5969

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BGI FUND I, LLC**

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

	gistration vision of C	Section Corporations				
CUD IF CT.	BGI FU	ND I, LLC A LIMITED I	JIABIL	ІТҮ СОМРА	.NY	
SUBJECT	<u> </u>	Name of Fo	reign	Limited Lia	bility Cor	npany
Dear Sir or	Madam:					
The enclose	ed applica	ation, certificate and fe	e(s) ar	e submitted	for filing	3 .
Please retui	m all corr	espondence concernin	g this	matter to the	e followir	ng:
Eric Strauss				_	_	
		Name of Person				
Marin, Eljaic	ek, Lopez é	& Martinez, PL				
		Firm/Company			_	
2601 South I	Bayshore I	Drive, Suite 1800				
 		Address			_	
Coconut Gro	ove, FL 33	133			_	
	-	City/State and Zip	Code			
mtp@mcliav						
E-mail a	ddress: (t	o be used for future an	mual r	eport notific	cation)	
For further	informat	ion concerning this ma	atter, p	lease call:		
Michael Pav				786 nt (363-3	119
	Nam	e of Person		Area Coo	le & Day	time Telephone Number
Re Div P.C	D. Box 63	Section Corporations			Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303
En □\$25 Filis CR2E055 (9/1	ng Fee	a check for the follow ☐ \$30 Filing Fee & Certificate of Sta	[mount: □ \$55 Filin Certified	_	☐ S60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear		e Florida Department (of	
State: BGI FUND I. LLC, A LIMITED LIABILI	TY COMPANY			-
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			· —	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			26 AH 9: 20 ARY OF STATE	- ר נ
2. The Florida document number of this limited lia	ability company is: $\frac{N}{2}$	1170000000553 		
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 01/1				
SECTION II (5-9 complete only the applicable	changes)			
5. New name of the limited liability company: $\frac{B}{\text{(mus)}}$	GI Fund I, LLC st contain "Limited L	iability Company, ""E	L.C" or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members ado	ansacting business in pting the alternate nan	Florida and attach a ne. The alternate name	:
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on ddress here:	our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida Street Add	dress	
_	City		la Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	ont and agree to act in and complete perfor tered agent as provide in the registered offi	mance of my duties, ar led for in Chapter 605.	nd Lam familiar with F.S. Or, if this	

If the amendment cl	hanges person, title or capacity in ac-	cordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remov
			□Add
			□Remoy
			□Add
			□Remov
			□Add
aforementioned ar	the law of which this entity is organ	the official having custody of records in t	□Remov

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'BGI FUND I, LLC, A LIMITED LIABILITY COMPANY', CHANGING ITS NAME FROM "BGI FUND I, LLC, A LIMITED LIABILITY COMPANY" TO "BGI FUND I, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2019, AT 9:57 O'CLOCK A.M.

Authentication: 203456806

Date: 08-22-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:57 AM 08/22/2019
FILED 09:57 AM 08/22/2019
SR 20196654592 - FUe Number 6248932

STATE OF DELAWARE SR CERTIFICATE OF AMENDMENT

as follows:		
The name of changed to:	the limited liability company is her BGI FUND I, LLC	reb
i		
IN WITNESS W	HEREOF, the undersigned have executed this Certifi	ficate
IN WITNESS W	HEREOF, the undersigned have executed this Certification day of AUGUST A.D. 20	ficate 018
IN WITNESS Withe 22ND	HEREOF, the undersigned have executed this Certification day of AUGUST, A.D. 20	ficate
IN WITNESS Withe 22ND	HEREOF , the undersigned have executed this Certification day of AUGUST, A.D. 20 By: Ist Carlos A. Marin, Esq.	ficat 018