LAWWISTY

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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S. YOUNS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	BMI Florida	Realty LLC	
	Name of Limit	ted Liability Company	
	Amendment and fee(s) are submandence concerning this matter to	<u>-</u>	
	BLANG	CA ESPINAL Name of Person	
		Name of Person	
	BMI FI	orida Realty	
		Firm/Company	
	1323 B	Cape Coral PKW	[East
		Cape Corol PKWI	では、る
	<u>Cape Cor</u>	al, FL 3390	1 7 7 7 7
		City/State and Zip Code	in the first
	E-mail address: (to	The abmi-home	estion)
For further information co	oncerning this matter, please cal	Ш:	13 4 55 24 55
Blanca 1	Espinal	_{at (} 239 ₎ 549 -	5400
Name of	Person		Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMI Florida Realty LI	LC C
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	2 11 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here BMI of Southwest Florida LLC	;
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "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:	53.6
(Mailing address MAY BE A POST OFFICE BOX)	E 5
	5 5
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	our records, enter the name of the new
	72 · CO
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	a street address
	, Florida Zip Code
City	zip Coae

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>	Name	Address	Type of Action
MGR	Brian Gomer		
			d Remove
			Change
			Add
			☐ Remove
			☐ Change
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Effective	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d	_(upuunal)
Note: If	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	ents, this date will not be listed a
	rd specifies a delayed effective date, but not an effective time, at 1 $\!$	2:01 a.m. on the earlier o
Dated	February 1st, 2016.	
	Signature of a member or authorized representative of a member	г
	1 1 1	

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Filing Fee: \$25.00