

LD5000071121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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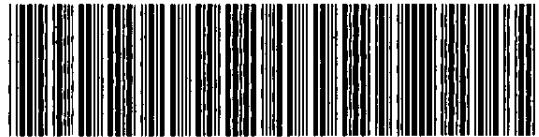
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FEB - 9 2010

EXAMINER



800164036048

01/11/10--01055--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB - 8 AM 11:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BMAQ, 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:

Name of Person

BMAQ, LLC

Firm/Company

70 SPLIT ROCK ROAD

Address

SYOSSET, NY 11791

City/State and Zip Code

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

For further information concerning this matter, please call:

TED DOUKAS

Name of Person

at (**516**)

589-0599

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/COURIER ADDRESS:

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

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

BMAQ, 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 07/20/2005 and assigned
Florida document number L05000071121.

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 end with 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)

70 SPLIT ROCK ROAD

SYOSSET, NY 11791

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

70 SPLIT ROCK ROAD

SYOSSET, NY 11791

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 8 AM 11:47

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:

TED DOUKAS

New Registered Office Address:

4713 VILLA MARE LANE

Enter Florida street address

NAPLES

City

, Florida

34113

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 608, 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.

Ted Doukas
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BAVELIS, GEORGE A	500 S. OCEAN BOULEVARD UNIT #1007 BOCA RATON FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	NEMESIS OF L.I. CORP	70 SPLIT ROCK ROAD SYOSSET NY 11791	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 1st, 2010

Ted Doukas
Signature of a member or authorized representative of a member

TED DOUKAS

Typed or printed name of signee