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B. BOSTICK

NOV 1 7 2014

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# **COVER LETTER**

TO: Registration Sec Division of Cor			
	OWN MAIN STREET B	BG PLAZA LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Omar Matari		
		Name of Person	
		Firm/Company	
	13851 Isnala Circle		
	Wellington, FL 3341	Address	
	DMaRM	City/State and Zip Code  Code	ification)
For further information co	oncerning this matter, please c	eall:	er ( ) e
Omar Matari		at (5W) 24	8,9806
Name of Enclosed is a check for the		Area Code Daytin	8 9806 78 10 10 10 10 10 10 10 10 10 10 10 10 10
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fac, Contificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clitton Building 2661 Executive C Tallahassee, FL 3	on rations enter Éircle

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### DOWNTOWN MAIN STREET BG PLAZA 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 Liabilifornida document number L06000010434	lity Company were filed on January	30, 2005 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the work	ds "Limited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		5.75
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	TO DO
B. If amending the registered agent and/or registered agent and/or the new registered office	2.	nam co
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
<u>-</u>		, 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Address</u> Title Name Nasser Halum 15653 Bentcreek Road **MGRM** □ Add Wellington, FL 33414 ■ Remove □ Add ☐ Remove □ Add □ <u>Rem</u>ove ☐ Remove □ Add ☐ Remove □ Add

lf amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
 Effective	date, if other than the date of filing:
the date th	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated O	ctober 1 2014 .
	Signature of a member or authorized representative of a member
	Omar Matari, MGRM
	Typed or printed name of signee

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Filing Fee: \$25.00

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