L06000106617

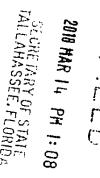
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COVER LETTER

TO	Registration Se Division of Cor	ction porations	<u></u>	
SUBJECT: Unive	Universal P	arking of Florida, LLC		
O D J L		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Bryan Geoffrey		
			Name of Person	
		Geoffrey Management, LL	.c	
			Firm/Company	
		33493 W. 14 Mile Road St	uite 100	
			Address	· - · · · · ·
		FARMINGTON HILLS,	MI 48331	
			indigenerated Liability Company Indigenerated Liability Company	
	Division of Cor Universal P ECT: Inclosed Articles of return all correspondence of the correspondence of th	bmgeoffrey@yahoo.com		
				ication)
For furth	ner information c	oncerning this matter, please c	all:	
Bryan C			at (248)	865-2000 ext.170
	Name o	f Person	Area Code Daytime	: Telephone Number
		ne following amount:		
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	O	□ \$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

Universal Parking of Florida, 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 11/2/2006 and assigned Florida document number L06000106617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BMGDD, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<u></u> .	□ Remove
		*****	Change
			Add
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Effective date, if other than fan effective date is listed, the date	the date of filing:	annot ha prior to de	ta of filing or more	option	al)	. KNS 0207
Note: If the date inserted in thi document's effective date on the	s block does not me	et the applicable	statutory filing re	quirements, this d	ate will not be	listed as
ne record specifies a dela The 90th day after the i	yed effective da record is filed.	te, but not ar	effective time	e, at 12:01 a.r	n. on the ea	arlier of
Dated March 5	,	2018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00