## 07000088156

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T. HAMPTON

MAR 1 6 2010

**EXAMINER** 

## **COVER LETTER**

то:	Registration Se Division of Con					
SUBJI	ECT:	BM	ИН 1, LLC			
50 501	DC 1.		ited Liability Company			
		Amendment and fee(s) are sub condence concerning this matter				
			Melissa Cupps Battles Name of Person			
			Mateer & Harbert, P.A. Firm/Company			
225 E. Robinson St., Suite 600				_		
Address						
	Orlando, Florida 32801  City/State and Zip Code					
	tharbert@mateerharbert.com					
For fu	rther information	E-mail address: ( concerning this matter, please o	(to be used for future annual report notification)			
	Meliss	sa Cupps Battles	at ( 407 ) 425-9044  Area Code & Daytime Telephone Number			
<del></del>	Name	of Person	Area Code & Daytime Telephone Number	er		
		the following amount:				
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &		
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, 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

	BMH 1, LLC			
( <u>Name of the Limited Li</u> (A FI	ability Company as it now appe orida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liab Florida document numberL070008815		August 28, 2007	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liability company h	<u>ere</u> :		
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	
	<del></del>			
Enter new mailing address, if applicable:		•	8 15 1 N	
(Mailing address MAY BE A POST OFFICE BC			<b>-</b> 555	
Training with control of the control			<del>ω</del> OR	
			ATIO	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the	name of the new	
registered agent and/or the new registered office	e uduress nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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 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.

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 Type of Action <u>Title</u> <u>Name</u> **Address** C. William Harkins MGRM 707 Monroe Road ☐ Add Remove Sanford, Florida 32771 Matthew W. Harkins MGRM 707 Monroe Road Add [ ✓ Remove Sanford, Florida 32771 MGR Matthew W. Harkins 707 Monroe Road ✓ Add Sanford, Florida 32771 Remove ∏ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Maran Dated Signature of a member or authorized representative of a member Matthew W. Harkins Typed or printed name of signee

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Filing Fee: \$25.00