L07000127257

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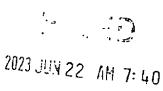
COVER LETTER

TO: Registration S Division of Co		• ′	•
, LJ-Northla SUBJECT:	ke, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Louis S Heller		
		Name of Person	
	LJ-Northlake, LLC		
		Firm/Company	
	P.O. Box 35036		
		Address	
	Los Angeles, CA 90035-0	036	
		City/State and Zip Code	
	Lou@Momentum-Propertie		<u> </u>
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Louis S. Heller		202 607-3507 at ()	
Name	of Person		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 Addre	:ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LJ-Northlake, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

,		**	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The Articles of Organization for this Limited Liab	ility Company were filed on	12/27/2007	and assigned
Florida document number L07000127257			
This amendment is submitted to amend the follow	ing:	1	
A. If amending name, enter the new name of the		here	
A. If amending name, enter the new name of the	it milited hability company	BCIC.	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," th	he designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	·	
(Principal office address MUST BE A STREET	ADDRESS)		
		ĺ	
Enter new mailing address, if applicable:	*=	••	
(Mailing address MAY BE A POST OFFICE BC	<u></u>	<u></u> .	
		·	
		•	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		r records, <u>enter ti</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		1	
New Registered Office Address.	Enter	Florida street address	
		. Flor	ida
	City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region.	and complete performance red agent as provided for i gistered office address, I he	of my duties, and in Chapter 605, F	l I am familiar with and S. Or, if this document is
company has been notified in writing of this ch	апуе.		
		'	

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>	<u>Name</u>	Address	Type of Action
AMBR	Perkins, Janet L.	PO Box 35036	□Add
		Los Angeles, CA 90035	≣Remove
			□ Change
			DAdd
		1	□Remove
			Change
	 		🗆 Add
			□ Remove
			☐ Change
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
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			□Remove
			Changa

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Jours & Heller		fective date, but not an effective	re time, at 12:01 a.m.	on the earlier of: (b) The 90th day	after the
Signature of a member or authorized representative of a member	lune 6	2023			
Signature of a member or authorized representative of a member	ated	011 111.0			
	ated June 0	-SHELLER			_

Filing Fee: \$25.00