## LO 8000083164

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SEPARTMENT OF STATE
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** BHMC Law Group, P.L. SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John A. Colton Name of Person BHMC Law Group, P.L. Firm/Company 1776 Ringling Blvd. Address Sarasota, FL 34236 City/State and Zip Code jcolton@burgessharrell.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 366-3700 John A. Colton Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our reco imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number $\frac{L08000083164}{L0800083164}$ .	npany were filed on September 2, 20	nos Sociand Signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
BHC Law Group, P.L.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>entc</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	7623
		Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

BHMC Law Group, P.L.

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Mancuso, Lynette	1776 Ringling Blvd.	
		Sarasota, FL 34236	■Remove
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note:  If the date inserted in this block does not meet the applicable statutory filing requi	(optional) 190 days after filing.) Pursuant to 605 rements, this date will not be liste	.0207 (3 ed as th
document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the rd is filed.  Dated October 27	earlier of: (b) The 90th day after	r the
John A. Colton	ember	

Filing Fee: \$25.00