

L08000104579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

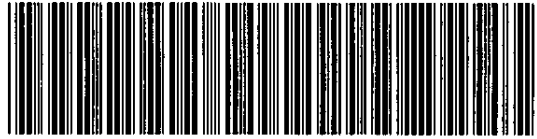
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 30 2009

EXAMINER

*Law Offices of  
Carlos Garcia, P.A.*

*1101 Brickell Avenue  
Suite 1801  
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*Also Admitted to Practice  
in Washington D.C.*

April 27, 2009

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

Attn.: Registration Section  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re.: Old Name: UNO Capital Management (USA) L.L.C.  
New Name: BMC Asset Management, L.L.C.  
Florida document number: L08000104579

Dear Sir or Madam,

Please find enclosed Articles of Amendment and a check for \$30.00 to cover the fees for filing and certificate of status.

Yours truly,

  
Carlos Garcia, Esq.

CG/nmv

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

Uno Capital Management (USA), L.L.C.

**(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 November 7, 2008 and assigned  
Florida document number L08000104579.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

BMC Asset Management, L.L.C.

The new name must be distinguishable and end with 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)

\_\_\_\_\_, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated April 24th

2009

Signature of a member or authorized representative of a member

JORGE AROCHE

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA