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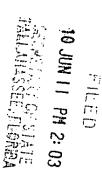
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S. HAWKES

JUN 1 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BMBM LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Wesley MITCHEU Name of Person	
BMBM LLC Firm/Company	
501 SANTAVITA PLACE Ste 1002	
KISSIMMEE FL 34759 City/State and Zip Code	
E-mail address: (to be used for four annual report notification)	
For further information concerning this matter, please call:	
Paris M. Brown at (917) 478-0775 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

BMBM LLC (Name of the Limited Liability Compa	م any as it now appears on our record	s.)
(A Florida Limited	any as it now appears on our record Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company	y were filed on <u>6 - 25 - 20</u>	o 9 and assigned
Florida document number <u>L 09000061615</u> .		٠ هند.
This amendment is submitted to amend the following:		O JUNIO
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	R E
The new name must be distinguishable and end with the words "Lim'L.L.C."	nited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	501 SANTAVITA	PLACE
Principal office address MUST BE A STREET ADDRESS)	Ste 1002	•
	KISSIMMEE, FL	3475 9
Enter new mailing address, if applicable:	501 SANTAVITA	Place
Mailing address MAY BE A POST OFFICE BOX)	Ote 100 Z.	
	Kissimmee, FL	34759
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	da
	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

$\mathbf{MGRM} = \mathbf{M}$ \mathbf{Title}	lanaging Member <u>Name</u>	<u>Address</u>	Type of Action
Mgr	INEZ M. Myers	501 SANTAVITA PLACE KISSIMMEE, FL 34759	Add Remove
MGRM	RANDY Brown	206 W 139 St # 1 New YORK, NY, 10030	Add
			Add Remove
			Bemove Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,)
Dated	June 9 2	010.	_
	Signature of a member Wesley MITC	er or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00