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SECRETARY OF STATE

## COVER LETTER.

TO: **Registration Section Division of Corporations** 

## SUBJECT: BCI Management TPA, LLC name change SoHo Capital, LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspond	ence concerning this matter	to the following:					
		Objects of Burnels					
	: Charles J. Bruck						
	Name of Person						
	SoHo Capital, LLC						
	Firm/Company						
	701 S. Howard Avenue, Suite 106-322						
	Address						
	Tampa FL 33606						
	City/State and Zip Code						
	chas@bcidg.com  E-mail address: (to be used for future annual report notification)						
	•	•	incariony				
For further information con	cerning this matter, please c	all:					
Anne-M	Marie Lenton	at ( 813 )	927-0097				
Name of P	erson		ne 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 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

BCI Managem	ent TPA, LL	С			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appe Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Company were filed onand assigned					
Florida document numberL09000111791					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	ere:			
SoHo Cap	ital, LLC				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Com	pany," the designation "Ll	.C" or the abbreviation		
Enter new principal offices address, if applicable:	same				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	same				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	e name of the new		
Name of New Registered Agent:		······································			
New Registered Office Address:	<del>,</del>	·····			
	Enter Florida street address				
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				

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 **Title** <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member CHARLES J. BRUCK Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00