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APR 15 2010

**EXAMINER** 



100175370501

04/13/10--01017--007 \*\*25.00

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SECRETARY OF A VACABLE OF CONFORMINAME

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BAM Property Management, 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:	
JOSSIE Acasta Name of Person	· .
Firm/Company	
14150 NW 3rd are	·
City/State and Zip Code  Sobebabe/ Daol Coy  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at 305, 970 2355  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$60	sed)

## 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

(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	records,)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1000002973</u>	ompany were filed on 3/17/	/ <u>/ Å</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		DIV.S
(Principal office address MUST BE A STREET ADDR	ESS)	APP
Enter new mailing address, if applicable:		기 (전문) 2 기 (전문) 2 기 (전문) 2 기 (전문)
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flori	ida street address
<del></del>	FIRST AND ADDRESS OF THE PARTY	, 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 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 Type of Action** <u>Name</u> Address Z Add Remove Remove Add 1 Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00