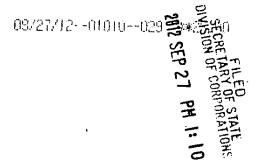
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(Rec	questor's Name)	
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C. LEWIS

SEP 28 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Division of C		*	in the second		ea.	
elibit	erd et	BNO	G2645, LLC <sup>*</sup>	Pg *:			
SUBJECT: Name of Limited Liability Company				iny			
		of Amendment and fee(s) are su	_				
		· ·	_				
			MITCHELL J HOWARD				
			Name of Person	n			
		MITCH	HELL J. HOWAR				
			Firm/Company	,	•		
	3800 S. OCEAN DRIVE SUITE 228						
			Address				
			OLLYWOOD, FL				
		LEONORO	City/State and Zip (				
		E-mail address:	MITCHELLHOV (to be used for future ar	nual report notification	ation)		
For fur	ther information	concerning this matter, please	call:				
	MITC	HELL J. HOWARD	at ( 954 )	. 4	54-1119		
	Name	e of Person	Area	Code & Daytime	Telephone Number	•	
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional c		Certified	te of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Reg Div Clii 266	REET/COURIE gistration Section vision of Corporat fton Building of Executive Cent lahassee, FL 3230	tions ter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 SEP 27 PM 1: 10

	BNG2645, LLC				
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Li	ability Company were filed on	09/21/2010	and assigned		
Florida document numberL10000098					
This amendment is submitted to amend the following	owing:	•	•		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applications	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
		·			
Enter new mailing address, if applicable:	<b></b>				
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				
	<del> </del>				
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	MITCHELL J. HOWARD CPA, PA				
New Registered Office Address:	UITE 228				
Enter Florida street address					
	HOLLYWOOD	, Florida	33019		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
 -			SECRETARY OF SECRETARY OF CORP
Dated	SEPTEMBER 24	., //	PM 1: 10
		When	
	Signature of	a member or authorized representative of a member	
		NARCISA GEORGESCU Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00