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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: BMC	ASSOCIALE Name of Lim	S artage LL	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Marthi BMG, ASSO 103 Rea Sate //ite	Name of Person CIATES Firm/Company Address Beach City/State and Zip Code LAMATT, NET	32737	\$k. .ytst
For further information c	h-map address; (oncerning this matter, please co	he be used for future annual report notiff till:	cation)	Hav 13
MARTHA	Godby Person	ar (407) 718 c	YoOAG Telephone Number	the control of the co
Enclosed is a check for the	ne following amount:			£, r
\$25.00 Filing Fee	☐ \$30.00 Fifing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy radditional copy is enclor	

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(A Florida Limited Liability Company as it now ap	ig) Bagas (iti ont. records")
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number 2 100001&013.9	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	v here:
The new name must be distinguishable and contain the words "Limited Liability Company." (he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	bmitted to amend the following: e. enter the new name of the limited liability company here: diagnishable and contain the words "Limited Liability Company." the designation "L.L.C." of the abbreviation "L.L.C." offices address, if applicable: ess MUST BE A STREET ADDRESS) ddress, if applicable: Y BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new for the new registered office address here: A Registered Agent: red Office Address: Enter Florida street address Florida City Table To the abbreviation "L.L.C." T
	프 무슨
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	三 V.
	6 000
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the nev
registered agent and/or the new registered office agents are ex-	
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
	t louids
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
9MBR	MARTHA Godby	103 Redondo DR	
	,	103 Redondo DR SAtellite Rench H	Remove
		32937	Change
MGR	William Endby	103 Redondo DR SATE/LITE BEACH FL	Add
	,	SATE/lite Beach FL	/ □ Remove
		32937	Change
			□ Remove
			🗆 Change
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Note: 1	re date, if other than the stive date is listed, the date m if the date inserted in this l nt's effective date on the	plock does not m	lect the applicat	o date of filing or mo ole statutory filing	(option 90 days after requirements, this	onal) filing.) Parsuant to 605 s date will not be liste	00207 (3 ed as th
	ord specifies a delaye 90th day after the re		ate, but not	an effective tii	ne, at 12:01 a	a.m. on the earli	er of:
Dated _	May 1		2019) - ·			
	m	nach.	,				
		Signature of a m	nember or authori	ized representative o	f a member		
			_	name of sigglee			

Page 3 of 3

Filing Fee: \$25.00