## 11000000405

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
MAY 2 3 2011					
EXAMINER					
MY MAIII 4					

Office Use Only



800207929198

05/20/11--01018--006 \*\*25.00

SECRETARY OF STATE AELAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BIM LA 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:
James Steven Bartley Name of Person
BIM LA, LLC Firm/Company
2333 Ponce De Leon Blv2 # 1120
City/State and Zip Code  Shartley @ baxen.com  E-mail address: (to be used for future annual repost notification)
For further information concerning this matter, please call:
Jones Steren Bartler at (186) 552 - 3457  Name of Person Area Code & Daytime Telephone Number
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ Salue (additional copy is enclosed) \$\ \text{Solution}\$\$\$ Salue (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Registration Section  Registration Section

Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BIM LA LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4 25 2011 and assigned Florida document number 11000050405
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: James Steven Bartler
New Registered Office Address: 2333 Ponce De Leon # 1120 Enter Florida street address
Coral Gables PL Florida 33134  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, Ishereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Ma MGRM = N	nnager Managing Member	1	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u>.                                    </u>			Add Remove
			Add Remove
			AddRemove
	<del></del>		Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ZS =
<u></u>			MAY 20 PH 4: CARLARYJOF STA
Dated	og 13th 2	011	USTATE TO STORING
	Signature of a membe	or or authorized representative of a member	
	_	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00