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J. BRYAN

JUL 18 2011

EXAMINER

COVER LETTER

Registration Section

Division of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

TO:

	BG 1	MIAMI, LLC.	
SUBJECT:			
			÷
The enclosed Articles of Ar	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	lence concerning this matter	r to the following:	超量 型
		THE BY OF STATE	
		Name of Person	門の子の
THE LAW FIRM OF MAI		FIRM OF MARCELLE POIRII	ER S
	2701 SOUTH BAYSHORE DRIVE, SUITE 402		
		Address	
	М	IAMI, FLORIDA 33133	
		City/State and Zip Code	
		cellepoirier@gmail.com to be used for future annual report notifica	tion)
For further information con-	cerning this matter, please o	call:	
MARCELLE I	B. POIRIER, ESQ.	at (305) 85	54-4445
Name of Person		Area Code & Daytime T	elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC 4 MIAMI LIC

(N	JO I WIIAWII, LLO.	o on our rocards)	· · · · · · · · · · · · · · · · · · ·		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.			
The Articles of Organization for this Limited I clorida document numberL1100005		05/12/2011	and assigned		
This amendment is submitted to amend the fold. If amending name, enter the new name of the new name must be distinguishable and end with the new name must be distinguishable and end with the new name must be distinguishable.	llowing: of the limited liability company her	<u>e</u> :	おいち		
he new name must be distinguishable and end w L.L.C."	ith the words "Limited Liability Compa	ny," the designation "I	LA or the obrevi		
Enter new principal offices address, if appli	cable:				
<u>Principal office address MUST BE A STRE.</u>	ET ADDRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>				
s. If amending the registered agent and egistered agent and/or the new registered o	•	ur records, <u>enter t</u>	the name of the		
Name of New Registered Agent:	ALEXIA DOBINSKI		Man dantina and the same of th		
New Registered Office Address:	2701 SOUTH BAYSHORE DRIVE, SUITE 402				
	Ent	er Florida street add	ress		
	MIAMI	, Florida	33133		
	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

Page 1 of 2

Doub!

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CLAIRE RICHER	2701 SOUTH BAYSHORE D SUITE 402 MIAMI, FLORIDA 33133	RIVE Add Remove
,			Add Remove
			Add Remove
·····			Add Add Remove
			Ade
· · · · · ·			Add Remove
D. If ame	ending any other information	n, enter change(s) here: (Attach additional sheets, if	necessary.)
_			
Dated	13 514		
	Signati	ure of a member or authorized representative of a member	
		ALEXIA DOBINSKI	
		Typed or printed name of signee	7

Page 2 of 2

Filing Fee: \$25.00

dauk