## U11000056557

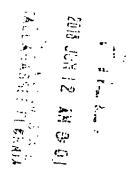
| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            | <del></del> |
| (Add                      | ress)            |             |
| (City                     | /State/Zip/Phone | = #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nan | ne)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | of Status   |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |





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95/12/18--01019--004 \*\*25.00



JUN 1 ! ARRIS

## **COVER LETTER**

| TO:             |   |                                  |   |                         |
|-----------------|---|----------------------------------|---|-------------------------|
| 6110 117        |   | LLC                              |   |                         |
| SUBJE           | ы: <u>_,</u>  | Name of Lim                      | ited Liability Company                    | <del></del>             |
| The encl        | losed Articles of                                   | Amendment and fee(s) are sub     | mitted for filing.                        |                         |
| Please re       | eturn all correspo                                  | ndence concerning this matter    | to the following:                         |                         |
|                 |   | Daniel Munilla                   |   |                         |
|                 | Division of Corporations  UBJECT:    Sam Kings, LLC |                                  |   |                         |
|                 |   |                                  | Firm/Company                              |                         |
|                 |   | 5400 SW 82 Ave.                  | _   |                         |
|                 |   | Miami, FL 33155                  | Address                                   |                         |
|                 |   |                                  | City/State and Zip Code                   |                         |
|                 |   |                                  | to be used for future united report noti- | dication)               |
| For furth       | ier information c                                   |                                  | ·   | neation)                |
| Daniel N        |   | Daniel Munilla    Name of Person |   |                         |
|                 | Name o  | f Person                         | Area Code Daytim                          | e Telephone Number      |
| Enclosed        | I is a check for th                                 | ne following amount:             |   |                         |
| <b>■ \$</b> 25. | 00 Filing Fee                                       | -                                | Certified Copy                            | Certificate of Status & |

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 Tallabassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 3M KINGS, LLC  |   |                                |
|--|---|--------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it now appears on our record<br>limited Liability Company) | <u>s.</u> )                    |
| The Articles of Organization for this Limited Liability Cor<br>Florida document number L11000056557                                | mpany were filed on 05/12/2011  | and assigned                   |
| This amendment is submitted to amend the following:  |   |                                |
| A. If amending name, enter the new name of the limite  | ed liability company here:  |                                |
| BM3 Group, LLC   |   |                                |
| The new name must be distinguishable and contain the words "Limite   | ed Liability Company," the designation "LLC                           | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   | <u> </u>                       |
| Principal office address MUST BE A STREET ADDRE  | <u> </u>  |                                |
|  |   |                                |
|  |   | 5 70 17                        |
| Enter new mailing address, if applicable:  |   |                                |
|  | ·   |                                |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u>e qo ' ' (</u>              |
|  | <del></del>   | <u> </u>                       |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: |   | s, enter the name of the       |
| New Registered Office Address:   | Enter Florida street addres   | S                              |
|  |   |                                |
|  | , Flo   | orida                          |
|  | C111  | Ally Cour                      |

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 605, 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 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

| <u>Title</u> | <u>Name</u>       | Address            | Type of Action |
|--------------|-------------------|--------------------|----------------|
| AMBR         | Chris Bacallao    | 5410 SW 95th Court | <b>⊒</b> Add   |
|              |                   | Miami, FL 33165    | ☐ Remove       |
|              |                   |                    | ☐ Change       |
| AM8R         | Alejandro Munilla | 7215 Sunset Drive  |                |
|              |                   | Miami, FL 33143    | □ Remove       |
|              |                   |                    | Change         |
| MGRM         | Daniel Munilla    | 5400 SW 82 Ave.    |                |
|              |                   | Miami, FL 33455    | ■ Remove       |
|              |                   |                    | Change         |
|              |                   |                    |                |
|              |                   |                    | □ Remove       |
|              |                   |                    | Change         |
|              |                   |                    | □ Add          |
|              |                   |                    | Change         |
|              |                   |                    | □ Remove       |
|              |                   |                    | □ Change       |

|                                 |   |   | •  | ,   |  |                                       |        |
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|                                 |   |   |  | <u>, , , , , , , , , , , , , , , , , , , </u> |  |                                       | _      |
| fective                         | date, if other th                                 | an the date of fil                          | ling:  |   | (optiona                                       | .l)                                   |        |
| m effecti<br><u>ote:</u>   If t | ve date is listed, the or<br>the date inserted in | date must be specific<br>this block does no | and cannot be prior to<br>of meet the applicab |   | than 90 days after filing equirements, this da | ng.) Pursuant to 60                   |        |
| cument                          | 's effective date of                              | n the Department (                          | of State's records.                            |   |  |                                       |        |
|                                 |   |   |  | an effective tin                              | ne, at 12:01 a.m                               | ı. on the earl                        | lier d |
| The 90                          | )th day after th                                  | ne record is file                           | ed.  |   | $\sim$   |                                       |        |
| ited                            | June  | 8   | 2018   |   | $) / \gamma$                                   |                                       |        |
|                                 |   |   | _ (  |   | 4  | / 1241 i                              | ت<br>ت |
|                                 |   | Signature o                                 | f a member or authori                          | ed representative of                          | a metaber                                      | ر                                     |        |
|                                 |   | Ci  | Bacall   |   |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | : :    |
|                                 |   | CNVI  | Sacall Typed or printed                        | name of signee                                |  | <u> </u>                              |        |
|                                 |   |   |  |   |  | 3. <b>Q</b><br>3. <b>Q</b>            |        |
|                                 |   |   |  |   |  | <b>74</b>                             |        |

Filing Fee: \$25.00