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SECRETARY OF STATE
SECRETARY OF STATE

KEALY EXAMINER DEC 22 2011



COVER LETTER

TO:	Registration Secondinates Division of Corp					
SUBJECT: BMRS CAPITAL, LLC						
Name of Limited Liability Company						
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:	,		
		RAUL SOCARRAS				
			Name of Person			
RAUL SOCARRAS, P.A.						
	Firm/Company					
	3708 S. CONWAY ROAD					
	Address					
			RLANDO, FL 32812			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		RAUL.SOCA E-mail address: (t	RRAS@I-CONSYSTE o be used for future annual report	MS.COM notification)		
For fur	ther information cor	ocerning this matter, please c	all:			
	RAUL	SOCARRAS	at (_407_)	706-6320		
	Name of I	Person	Area Code & D	nytime Telephone Number		
Enclose	ed is a check for the	following amount:				
\$25	0.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)		
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration S Division of Co Clifton Buildi	orporations		

Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BMRS CAPITAL, LLC

(Name of the Limited Liability Company as it now appears on our records) ASSEE, FEORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on _	AUGUST 29, 2011	_ and assigned
Florida document number L11000098681			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Cor	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street address, Florida City Zip Code		
	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 fumiliar 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>:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
	_		
	_		□ D am au a
•			Remove
D. If ai	mending any other information, enter char Change the Titles of Michael Mang	lardi; Shawn D. Bush; Joseph	ts, if necessary.) F. Russo and
	Raul Socarras from Managing Men	nbers to Managers (MGR) even	erything else
	will remain the same.		·
Dated _	December 16 ,2	2011	
	F	per of the sized representative of a me RAUL SOCARRAS ed or printed name of signee	mber

Page 2 of 2

Filing Fee: \$25.00