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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT: BJMI (Contracting LLC Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Keith Douffet
	Name of Person
	3OG LLC
	Firm/Company
	84607 Camus Lane
	Address
	Covington, LA 70435
	City/State and Zip Code keith@3ogllc.com
	E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Keith Douffe	t _{at} 954, 882-3422
Name of P	
Enclosed is a check for the	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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
Tallahassee, FL 32301



March 12, 2014

KEITH DOUFFET 84607 CAMUS LN COVINGTON, LA 70435

SUBJECT: BJMI CONTRACTING LLC

Ref. Number: L11000101756

We have received your document for BJMI CONTRACTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 914A00005445

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJMI Contracting LLC								
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)					
The Articles of Organization for this Limited	Liability Company	were filed on 9/6/201	and assigned					
lorida document number L11000101756								
This amendment is submitted to amend the fo			PIL 2014 MAR 21 SECRETAGE TALLAHASS					
A. If amending name, enter the new name	of the limited liab	ility company here:	\$ 21 F					
3 O.G. Construction, LLC								
he new name must be distinguishable and end with th	e words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if appli	icable:	1400 N Park Rd						
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		Hollywood, FL 33021 84607 Camus Lane Covington, LA 70435						
					<u>Mailing address MAY BE A POST OFFICI</u>	<u> 2 BOA)</u>	<u> </u>	
					If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	•	<u>e</u> :	ecords, enter the name of the
	4400 115	4. D.4						
N TO 1	34()() Ni Pai	K KA						
New Registered Office Address:	1400 N Pai	Enter Florida stree	t address					
New Registered Office Address:	Hollywood		t address , Florida 33021					

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Title Name Address Annalise Lellelid** 84607 Camus Lane **MGR** ■ Add Covington, LA 70435 ☐ Remove ☐ Add □ Remove ☐ Add Remove -بې ⊒Remove □ Add □ Remove _ Add _□ Remove

If amending any other information, enter change(s) here: (Attach additional	sneets, if necessary.)
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me the date this document is filed by the Florida Department of State)	ore than 90 days after
1020 4-10-2014	
Dated	
Chil.	
Signature of a member or authorized representative of a	member
	Incinoci
Barry Morin Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
AND ANALYSIS FLORIDA