## 111000144986

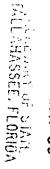
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## **COVER LETTER**

Division of Corp	orations
BF KISSIM SUBJECT:	MEE, LLC, a Florida limited liability company
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	amendment and fee(s) are submitted for filing.
Please return all correspon	idence concerning this matter to the following:
	Edward Decaso
	Name of Person
	Banif Finance (USA) Corp.
•	Firm/Company
	1001 Brickell Bay Drive, Suite 2210
	Address
	Miami, Florida 33131
•	City/State and Zip Code
,	edecaso@banif-usa.com
•	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Edward Decaso	305 377-2188 at ( )
Name of	
Enclosed is a check for the	e 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)

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BF KISSIMMEE, LLC, a Florida limited liability company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_11000144986 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BFSG 1510 MOM, LLC, a Florida limited liability company The new name must be distinguishable and contain 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: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

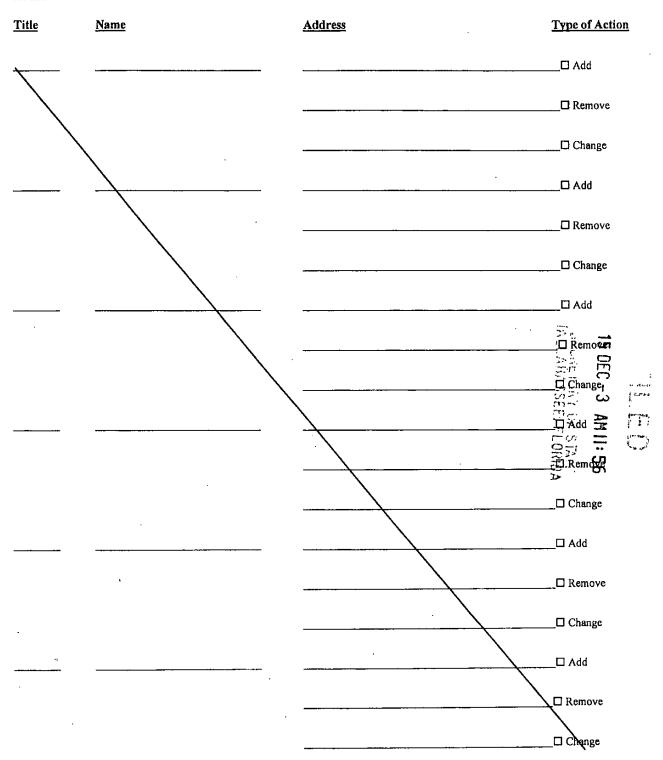
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

Florida

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



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Filing Fee: \$25.00