

212 0001 52757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

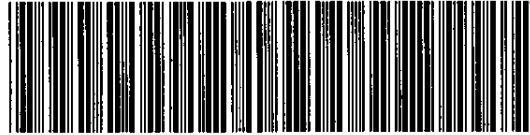
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/16- -01012--009 **35.00

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16 MAR 21 AM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2016

J SHIVERS

25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2016

ADAM SELIGMAN
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

SUBJECT: BGM1 LLC
Ref. Number: L12000152357

We have received your document for BGM1 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00004860

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BGM1 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM R. SELIGMAN, ESQ.

Name of Person

WARD DAMON, PL

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM R. SELIGMAN

561

842-3000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

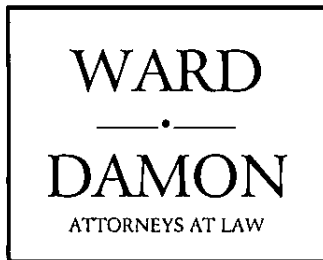
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
aseligman@warddamon.com

MARCH 4, 2016

Via U.S. Mail

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment for BGM1 LLC

Dear Sir/Madam:

Enclosed for filing please find the Articles of Amendment for BGM1 LLC.

Also, enclosed is our check for the amount of \$35.00 to cover the filing fees for the Articles of Amendment. Please provide a copy of the certificate of status to our office in the self-addressed stamped envelope.

Yours truly,

A handwritten signature in black ink, appearing to be "AS", written over a horizontal line.

ADAM R. SELIGMAN

Please call
561-515-5674 for questions

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BGM1 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/6/12 and assigned
Florida document number L12000152357.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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: N/A

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ASAF MAGAZANIC		<input type="checkbox"/> Add
		28/43 Moshe Dayan Street, Yehud, Israel 56460 IS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BELLA MAGAZANIC	28/43 Moshe Dayan Street, Yehud	<input checked="" type="checkbox"/> Add
		Israel 56460 IS	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 21 AM 2:35

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

March 4, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee