L12000 152357

(Requestor's Name)
(Address)
(Address)
(1881883)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
0.00
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ·

Office Use Only



100320753751

11/15/18--01010--002 **25.00

MINOV 15 A 8:59

Il Della De

COVER LETTER

1

TO:	Registration Section Division of Corporations	
SUBJ	ECT: BGM 1 LLC Name of Limited Liability Company	
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	JG Consulting Senices all 37 5481 WILLS (d #502 5 5) Address Caconut Creek F 330 73 5 City/State and Zip Code Todi (a) Ciconum tax tax	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
Roe fi	E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call:	
	JWI Rosen at (194) 220-8270 Name of Person Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
y (s:	5.00 Filing Fee Solution Solut	

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

BGM 41	LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12(XXX)15235.7</u>	were filed on 12512 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ility Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ASSEE FILSREE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 Type of Action <u>Address</u> Name <u>Title</u> nira plotnizky ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change 4.11.1 င္ပာ ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove ☐ Change

•					
			-		
					
				- <u>,</u>	
				i	
		 .	·· <u>·</u>	- ; -	
					
<u></u>				1	
					
				至一國	
		<u> </u>			11
	·····		<u>-</u> .	R: 50	1
				15	ro
				D O	
	.			<u> </u>	
			<u> </u>	50	
-				i	•
ective date, if other t	han the date of filing	:	(1	 optional)	
a effective date is listed, the	date must be specific and	cannot be prior to date of filing	g or more than 90 days	after filing.) Pursu	ant to 605,0207 or be listed as
cument's effective date	n this block does not hi on the Department of St	eet the applicable statutory ate's records.	ming requirement	, this date with a	or pe inica an
				·	
record specifies a	delayed effective d	ate, but not an effect	ive time, at 12:	01 a.m. on th	ne earlier of
The 90th day after t	the record is filed.				
	_	_			
ted	mbes.	<u>2018</u> .		1	
	$\gamma \lambda$	$\sim N$		1	
	Signature of a n	nember or authorized represen	ntative of a member		
	\bigcirc	2 2 2 2 2 2 2 2 2 2	20016	\$	

Page 3 of 3

Filing Fee: \$25.00