# LIDUUUMJOR

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BJM Enter	Exprises, LL ( Limited Liability Company	<u></u>
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Brad	Name of Person	. <u> </u>
Norther	n Star Devo	Jopment
7648	Southland	Blvd # 107
Orland	City/State and Zip Code	309
<u> </u>	m (w nov-them 5 ss: (to be used for future annual report notific	5d.com
For further information concerning this matter, pleas	se call:	rri
Brad Nuthing	at (321) 501 Area Code Daytime	9250 File Plant Pl
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\to\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJN En-	terprises LLC	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L130000</u>	lity Company were filed on 1 9 2013 and assigne 4582	d
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:  Sclopment and Construction Lodge "Limited Liability Company," the designation "LLC" or the abbreviation "L.C.C."	<u>LC</u>
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	e:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
registered agent and/or the new registered offic	AR - SX -	he new
Name of New Registered Agent:	(i) (ii) (iii) (ii	B
New Registered Office Address:	- 100 A - 100 M	1 1 P
	Enter Florida street address	f. in.
-		
	zip Coue	

#### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Γitle</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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ffective date, if other than the effective date must be specific, on the date this document is filed by the	the date of filing: (optional) annot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
e date this document is filed by the	

Page 3 of 3

Filing Fee: \$25.00