113000117774

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

MAY 1 7 2019

I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor			•
SUBJE	BCR Group	5, LLC		
(1()1)(1)	C1	Name of Lim	ited Liability Company	
The enc	lused Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Burton Ross		
			Name of Person	
		BCR Group, LLC		
			Firm/Company	
		1825 Tamiami Trail, Unit l	EI	
			Address	
		Port Charlotte, FL 33948		
		support@healthmart-usa.com	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notifi	ication)
For furth	her information e	oncerning this matter, please ea	ill:	
Burton l	Ross		941 625-2020	
Name of Person Area Coo			at () Area Code Daytime	Telephone Number
Enclosed	d is a check for tl	ne following amount:		
≣ \$25.	.00 Filing Fee	☐ \$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



May 3, 2019

BURTON ROSS 1825 TAMIAMI TRAIL UNIT E1 PORT CHARLOTTE, FL 33948

SUBJECT: BCR GROUP, LLC Ref. Number: L13000117774

We have received your document for BCR GROUP, 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):

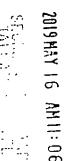
The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 619A00008952

Irene Albritton Regulatory Specialist II



ARTICLES OF AMENDMENT " TO" ARTICLES OF ORGANIZATION OF

2019 Ail 10: 26

BCR Group, LLC
(Name of the Limited Liability Company as it now appears on our records.

		City	Zip Code
	North Port	, Flo	rida 34287 Zip Code
		Enter Florida street address	
New Registered Office Address:	3535 Montelai	Cir.	
Name of New Registered Agent:	Christopher D. Ross		
3. If amending the registered agent and registered agent and/or the new registered of			enter the name of the no
		Port Charlotte, FL 33948	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		Unit E1	
		1825 Tamiami Trail	N14
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new principal offices address, if appli	icable:	-	
he new name must be distinguishable and contain the	words "Limited Liab	iity Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liab	oility company here:	
This amendment is submitted to amend the fo	llowing:		
Florida document number £13000117774	<u> </u>		
The Articles of Organization for this Limited 1		were filed on August 20,2013	and assigned
			<i>ii.</i> •
(Name of the Lin	ited Liability Comp: (A Florida Limited	<u>any as it now appears on our records.</u> Liability Company)	

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

Chuk Hors

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			П Ветоус
			☐ Change
			AJd
			☐ Remove
			☐ Change
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			Change
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			Remove
			Change
			Remove

☐ Change

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				<u></u>	
					
					
E. Effective date.	if other than the dat	e of filing:		(optional) than 90 days after filing.) Pur	
(If an effective date	is listed, the date must be a	specific and cannot be price	or to date of filing or more	than 90 days after filing.) Pur quirements, this date will	suant to 605.02
	te inserted in this block of ective date on the Depart			quirements, this date will	not be listed
and annem is em	on the bepare				
			ot an effective tim	e, at 12:01 a.m. on t	the earlier
b) The 90th d	ay after the record	is filed.			
Dated April 17		2019			
Date					
	P -	1-0		ı member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00