#113000123269

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: CORRECTION TO REMOVE EFF. DATE PER CONVERSATION WITH HUGO BISANTI 9/10/2014 KS



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K.SALY EXAMINER SEP 10 2014

COVER LETTER

TO:	Registration Se Division of Cor					
CUBIC	BMI N	MACHINES LL	_C			
SUBJE	CI:		ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Hugo Bisant	i			
Name of Person						
BMI MACHINES LLC						
	Firm/Company					
	20851 Johnson St. #120					
			Address			
	Pembroke Pines, FI 33029 City/State and Zip Code hugo.bisanti@bmimachines.com					
		_	to be used for future annual report notif	ication)		
For furt	her information c	oncerning this matter, please ca	all:			
Hug	go Bisar	nti	_{at} 954 33069	64		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name o	f Person		Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

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**

PLED
2014 SEP -2 AK 11: 20
SECRETARY OF STAIR
AMASSEE, FLORIS.

BMI MACHINES LLC

(Name of the Limited Liability Compi (A Florida Limited	any as it now appears on our records.) Liability Company)	A SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000123269</u> .	were filed on 08/30/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
The new name must be distinguishable and end with the words "Limited Lial	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20851 Johnson St. #120	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 3	3029
Enter new mailing address, if applicable:	20851 Johnson St. #1	20
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL 33029	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e:	nter the name of the ne
	Enter Florida street address	
	, Florid	aZip 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

Authorized Member being added or removed from our rec MGR = Manager AMBR = Authorized Member			FII Fr.		
<u>Γitle</u>	<u>Name</u>	<u>Address</u>	2014 SEP -2 AM 11: 20 SALLAHASSEE, FLORIDA	Type of Action	
			- SEE. FLORIDA	Add	
				☐ Remove	
 				🗖 Add	
				☐ Remove	
				Add	
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				□ Remove	

If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated August 20	2014
Dated,	•
	2
Signature of a m	nember or authorized representative of a member
Hugo Bisanti	
	Typed or printed name of signee

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WINSE -2 MIN 21

Filing Fee: \$25.00