

7/18/2013 19:02

4074805025

DELOACH

PAGE 04

4/4/2018

Division of Corporations

H18000106368 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000106368 3)))



H180001063683ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DELOACH, PL
Account Number : I20030000125
Phone : (407)480-5005
Fax Number : (407)480-5025

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: geoff@deloachplanning.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BMJ BLACK BEAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2018 APR -4 AM 10:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

18 APR -4 AM 9:49

Electronic Filing Menu

Corporate Filing **SULKER**

Help

APR 05 2018

H18000106368 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BMJ Black Bear, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 30, 2014 and assigned
Florida document number L14000016908

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

H18000106368 3

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	Charlotte White	9212 Point Cypress Drive	☒ Add
		Orlando, Florida 32836	☐ Remove
			☐ Change
MGR	Mark C. White	9212 Point Cypress Drive	☒ Add
		Orlando, Florida 32836	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

18 APR - 4 AM 9:49

H18000106368 3

44-38861-106388 3

[illegible]

13 APR - 4 AM '68

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 in the Department of State's records.

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

Dated March 29

2018

X  Signature

Signature of a member or authorized representative of a member.

George M. White

Typed or printed name in block