

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561) 842-3000
Fax Number : (561) 842-3626

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

Email Address: Pward@warddemon.com

RECEIVED

14 MAR -7 PM 12:16

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BMI SEAL COAT PAVING AND STRIPPING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2014 MAR 10 A 9:52

MAR. 7. 2014 12:12PM

WARD DAMON

NO. 8883 P. 2
H. 00000564943

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BMI Seal Coat Paving and Stripping, LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 13, 2014 and assigned
Florida document number L14000025666

This amendment is submitted to amend the following:

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

BMI Seal Coat Paving and Stripping, LLC

The new name must be distinguishable and end with 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

City Florida 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

MAR. 7. 2014 12:13PM

WARD DAMON

NO. 8883 P. 3
11-10-05-3943

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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11-10-05-3943

MAR. 7. 2014 12:13PM

WARD DAMON

NO. 8883 P. 4 111 105-5564943

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 7 , 2014

Signature of a member or authorized representative of a member

Philip H. Ward, III

Typed or printed name of signer

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