## L14 6000 25770

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## **COVER LETTER**

TO: **Registration Section** Division of Corporations . **BWM Global Ventures LLC** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Cooper Prime Corporate Services, LLC 12222 S 1000 E Ste 2 Draper, UT 84020 City/State and Zip Code llcsupport@primecorporateservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Cooper at (855) 577-4639 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

BWM Global Ventures LLC		
Name of the Limite	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lie Florida document number L14000025770	ability Company were filed on Fe	bruary 14, 2014 and a
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :
The new name must be distinguishable and end with the v	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, enter the name
Name of New Registered Agent:	Bruce W Myers	> <sub>1</sub> >
New Registered Office Address:	316 Bishopville Loop	
		da street address
	The Villages	Florida 32162

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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doctobeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

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	D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (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)	(The e	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated March 14, 2014.	Date	March 14 , 2014.
Dated March 14, 2014.  Bune W. Mayers  Signature of a member of authorized representative of a member		Bune W. Myen
Bruce W Myers  Typed or printed name of signee		

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Filing Fee: \$25.00