L14000038578

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	<u> </u>
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Certified Copies	Certificate	s of Status
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ECKEDARY OF STATE LLAHASSEE, FLORIDA

SEP 2 5 2014 T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

BG OCALA ENTERTAINMENT CENTER, LLC

SUBJECT:

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:

Owen Duke
Name of Person
BG Capital Management South Florida
Firm/Company
1250 S. Pine Island Rd. 5th Floor
Address
Plantation, FL 33324
City/State and Zip Code
DDuke@BGCap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Duke	O۱	vе	n	D	ul	ke
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_.,954 \762**-**2223

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

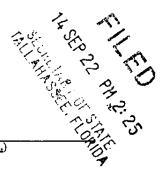
MAILING ADDRESS:

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

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



BG OCALA ENTERTAINMENT CENTER, 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 Lia	ability Company	were filed on March	า 6, 2014	and assigned
Florida document number L14000038578	·•			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end with the v	vords "Limited Liabi	lity Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X)</u>	1250 S. Pine I		h Floor
B. If amending the registered agent and/or the new registered of			records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Owen Duk	е		
New Registered Office Address: 1250		ne Island Rd., 5		
	Plantation		, Florida <u>33</u>	324
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 pddress, 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

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	BG Capital Management South Florida, LLC	1250 S. Pine Island Rd. 5th Floor	🖹 Add
		Plantation, FL 33324	□ Remove
MGR	Owen Duke	1250 S. Pine Island Rd. 5th Floor	 ■ Add
		Plantation, FL 33324	□ Remove
MGR	Kirstie Ward	1250 S. Pine Island Rd. 5th Floor	A dd
		Plantation, FL 33324	□ Remove
MGR	Arden Tilghman	1250 S. Pine Island Rd. 5th Floor	— ■ Add
		Plantation, FL 33324	□ Remove
			□ Add
			Remove
			 □ Add
			_ Remove

. If amending any other information, enter change(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 of receive date this document is filed by the Florida Department of Sta	eipt or filed date and cannot be more than 90 days after tc)
September 17 20	014
Our Duke	·
	or authorized representative of a member
Owen Duke	

Page 3 of 3

Filing Fee: \$25.00