L14000042357

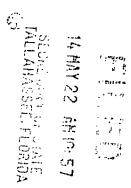
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Coomoo ama, rame,
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000260366570

05/22/14--01029--002 **30.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BMH Construction Services, 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:	
Michelle Hall	
Name of Person	
BMH Construction Services, LLC Firm/Company	
Firm/Company	
1324 Hibiscus Lane	
Address	
Apopka, FL 32703 City/State and Zip Code	
bmhconstructionservices@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michelle Hall at (407) 929-1588 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \(\sum_{\text{S30.00 Filing Fee & Certificate of Status}} \sum_{\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{S60.00	

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

BMH Construction Services		
(Name of the Limited Liability Company as it a (A Florida Limited Liability (ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi Florida document number	led on 3-7-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and end with the words "Limited Liability Com	pany," 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 ad registered agent and/or the new registered office address here:	dress on our records, enter	the name of the new
Name of New Registered Agent:		The state of the s
New Registered Office Address:	Enter Florida street address	22 12
	, Florida	Cirilin 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

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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			- , <u>-</u> ,
			Add
			☐ Remove
			TOHIO VO
·			
			☐ Remove
			
			☐ Remove
		1000000	
		□ Remove	
			SEOJE I
			A&B
			Addi
			☐ Remove
			Res 5
			<u> </u>
			Remove

D. II am	ending any other information, enter change(s) here: (Attach adattional sheets, if necessary.)
	Michelle Viojan Hall, AMBR - 60% ownership
	Michelle Viojan Hall, AMBR - 60% ownership Victor Allen Hall, AMBR - 40% ownership
	tive date, if other than the date of filing:
Dated	May 21, 2014.
	May 21 2014. Mijan Hall
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Michelle Violan Hall Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAY 22 AH IN: 57