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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Registration Se Division of Cor	
	mercial 3313, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Owen Duke
	Name of Person
	BG Capital Group
	Firm/Company
	1250 S. Pine Island Rd., Ste. 500
	Address
	Plantation, FL 33324
	City/State and Zip Code
	ODuke@BGCap.com  E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Owen Duke	954 762-2223 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (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



BG Commercial 3313, 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 Liabilit	y Company were filed on 4/30/14	and assigned
Florida document number L14000069254	·	
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the l	limited liability company here:	
BG Commercial F 130, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
•		
B. If amending the registered agent and/or re		enter the name of the new
registered agent and/or the new registered office a	address nere:	
N CN D 14 14		
Name of New Registered Agent:		
New Registered Office Address:	7. 6	
	Enter Florida street address	
	, Flori	
	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

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 = AMBR =	Man Auth	ager norized Member		
<u>Title</u>		Name	Address	Type of Action
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				Remove
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Page 3 of 3

Filing Fee: \$25.00