## 11400009479

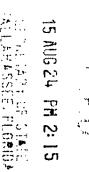
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	NAGEMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thayana Xavier		
		Name of Person	<del></del>
		Firm/Company	
•	11913 Hatcher Circle		
		Address	
	Orlando FL, 32824	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Thayana Xavier		407 271-7242 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

B C J MANAGEMENT LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number 114000094791	Liability Company	were filed on <u>06/12/2014</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.1. C."
Enter new principal offices address, if appli	cable:	11913 Hatcher Circle	
(Principal office address MUST BE A STRE	ET ADDRESS)	Orlando FL 32824	
Enter new mailing address, if applicable:		11913 Hatcher Circle	ीतः <b>ज</b>
(Mailing address MAY BE A POST OFFICE BOX)		Orlando FL 32824	
			× •
B. If amending the registered agent and	Vor registered o	Mag address on our record	<b>3</b> .
registered agent and/or the new registered of	office address her	e:	us, enter the name of the sieve
Name of New Registered Agent:	Thayana Xavie	r	
New Registered Office Address:	Address: 11913 Hatcher Circle		
		Enter Florida street addre	vss
	Orlando	, F	Torida
		City	Zw 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.

Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** □ Add □ Remove \_□ Change \_ Add ☐ Remove ☐ Change Remove . Change □ Add 5 \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove \_□ Change

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e record specifies a delay The 90th day after the re	ed effective decord is filed.	ate, but	not an effe	ctive time, at	12:01 a.m	. on the	earlier (
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ated June 15	·	2015					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00