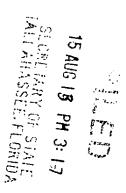
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COVER LETTER

	istration Sect ision of Corpo			
SUBJECT.	BG EQUEST	RIAN DAVIE 2, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		HELMUT FORERO		
			Name of Person	
		BG CAPITAL MANAGMI	ENT	
			Firm/Company	
		1250 SOUTH INE ISLANI	ORD 5TH FLOOR	
			Address	
		PLANTATION, FL 33324		
			City/State and Zip Code	
		hforero@bgcap.com		
		E-mail address: (to	be used for future annual report notific	eation)
For further in	formation con	cerning this matter, please cal	11:	
HELMUT F	ORERO		954 762.2223 at ()	
	Name of P	erson	Area Code Daytime	Felephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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



August 5, 2015

HELMUT FORERO 1250 S PINE ISLAND RD 5TH FLOOR PLANTATION, FL 33324

SUBJECT: BG EQUESTRIAN DAVIE 2, LLC

Ref. Number: L14000095466

We have received your document for BG EQUESTRIAN DAVIE 2, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00016450

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BG EQUESTRIAN DAVIE 2, 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 Liability Company were filed on $\frac{06/13/2014}{1}$ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: HELMUT FORERO Name of New Registered Agent: 1250 SOUTH PINE ISLAND RD 5TH FLOOR New Registered Office Address: Enter Florida street address **PLANTATION** Florida City

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 Cranging 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
MGR	DUKE, OWEN	1250 S PINE ISLAND RD SUITE	
			■ Remove
			Change
MGR	HELMUT, FORERO	1250 S PINE ISLAND RD SUITE	■ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
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			Remove
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Page 3 of 3

Filing Fee: \$25.00