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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

fO:	Registration Sectorial Division of Corp	tion orations		÷ .
	_	ONSULTING LLC		,
SUBJE	ECT:	Name of Limite	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please	return all correspon	dence concerning this matter to	the following:	
		BENJAMIN EISS		
			Name of Person	
			Firm/Company	
		720 SW 18TH STREET		
		BOCA RATON, FL 33486	Address	
		BENCHEBS@GMAIL.CO		
			o be used for future annual report notif	ication)
	rther information co	oncerning this matter, please ca	561 870-9158	
	Name o	f Person	Area Code Daytine	e Telephone Number
Enclo	sed is a check for th	ne 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

BMG CONSULTING LLC					
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000113264</u>	were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	lity Company," the designation 720 SW 18TH STREET				
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL				
The second of th	33486				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	720 SW 18TH STREET BOCA RATON, FL	F			
	33486	20 FA			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our re	ecords, enter the name of the n			
New Registered Office Address:	Entar Florida struct	3, c			

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.

City

If 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>	<u>Address</u>	Type of Action
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			Change
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. Effective date, if other the	an the date of f	ïling:			(opti	onal)	rsuant to 6	505.020
(If an effective date is listed, the Note: If the date inserted in document's effective date of	i inis mous uoco i	HEAL THEORY IN	, 12 1 1 1 1 1 1 1 1 1	al filing or more tatutory filing r	equirements, thi	is date will	not be l	isted a
f the record specifies a d b) The 90th day after t	elayed effecti he record is fi	ve date, l led.	out not an	effective tin	ne, at 12:01	a.m. on	the ea	rlier
Dated May 3	<u>t</u>	2	019.					
Dated May 3	Signature	of a membe	r or authorized	representative of	î a member			-
	iss , mano	1.0 a 10		ne of signee				

Page 3 of 3

Filing Fee: \$25.00