

L14000159620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265530188

10/20/14--01036--006 **55.00

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
14 NOV -5 PM 12:34

NOV 05 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RM CREWING 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:

Rafael Mejia
Name of Person

RM CREWING LLC
Firm/Company

345 CAPE SABLE Drive
Address

ORLANDO FL 32825
City/State and Zip Code

R.A. MEJIA Jr @ Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL MEJIA at (321) 947-6853
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2014

RAFAEL MEJIA
345 CAPESABLE DRIVE
ORLANDO, FL 32825

SUBJECT: R M CREWING LLC
Ref. Number: L14000159620

We have received your document for R M CREWING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the name of the company and the correct date the company was filed on the application.

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

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 414A00022655

14 NOV -5 PM 12:34
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

J
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

B M CREWING 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 10-6-14 and assigned
Florida document number L14000159620

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

B M PRODUCTION SERVICES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," 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)

FILED
STATE
DIVISION OF REPLICATION
14 NOV - 5 PM 12:34

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

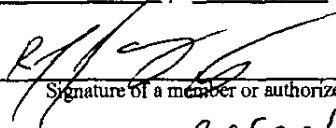
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV -5 PM 12:34

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

RAFAEL Mejia
Typed or printed name of signee

FILED
STOCK EXCHANGE
DIVISION OF CORPORATIONS
14 NOV - 5 PM 12:34