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(Re	equestor's Name)	
· (Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Anund 10 4,27,15

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: EMUL	AT3D LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The englosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MARSHA SIHA		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	134 VINTAGE PAF	RK BLVD A-50	
		Address	
	HOUSTON TX 770		
	MARSHA@INCFILE	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
MARSHA SIHA		at () 462-3453	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section	STREET/COURING Registration Section Division of Comora	1

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BMA CLEANING SERVICE 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 Florida document number <u>L15000048426</u>	were filed on 03/17/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	300 WILSHIRE BLVD.
(Principal office address MUST BE A STREET ADDRESS)	SUITE 221
	FERN PARK, FL 32707
Enter new mailing address, if applicable:	300 WILSHIRE BLVD.
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 221
	FERN PARK, FL 32707
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
No Book and Assessed Assessed Assessed Assessed	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add
-			Remove
			□ Add
			☐ Remove
			Add
			□ Remove
			□ Remove
			Add
			☐ Remove
		·	Add
			Remove

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tive date, if other than the date of fective date must be specific, cannot be printe this document is filed by the Florida De	or to date of receipt or filed date and cannot be mor	(optional) e than 90 days after
ate this document is filed by the Florida De	f filing: or to date of receipt or filed date and cannot be more partment of State)	(optional) re than 90 days after
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Page 3 of 3

Filing Fee: \$25.00