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COVER LETTER

SUBJECT: MPS	BMSPROPERTIES LLC
	BIFCT: MPS BM 5 PROPERTIES LLC Name of Limited Liability Company et enclosed Articles of Amendment and fee(s) are submitted for filing. Passe return all correspondence concerning this matter to the following: MICHAEL SPECE Name of Person MPS BM 5 PROPERTIES LLC Firm/Company IBY THE CORSO Address VENICE FL 34985 City/State and Zip Code MPS BM 5 OIL COM E-mail address: (to be used for future annual report notification) refurther information concerning this matter, please call: MICHAEL SPECE Name of Person at Area Code Daytime Telephone Number
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	MICHAEC SPECE
	MPS BMS Properties LLC
	Firm/Company
	184 THE COISO
	Address
	Venice FC 34285
_	MPSBMS2011@GMAIL: COM
For further information conc	·
	jece 1,941, 525-7849
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the fo	
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

MPS BMS Proper TIES LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000193907</u>	y were filed on $\frac{10-7}{62015}$ and assigned 62700274912357
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	17 HA
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	City Sip Code
	ree to act in this capacity. I further agree to comply with the 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 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
AMBR	Wesley Council	5043 N BEACHRD #4D	<u>U</u> D'Add
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Page 3 of 3

Filing Fee: \$25.00