Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002891843)))



H210002891843ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name .: R&P ACCOUNTING AND TAXES INC

Account Number : I201700000090 Phone : (305)358-1310 Fax Number : (305)503.6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arad 8723 Gamail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BMG GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED

WILLIAMY OF STATE

LANASSEE FLORIDE.

Efectronic Filing Menu

Corporate Filing Menu

Help

23/30/2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as It now apmitted Liability Company	<u>pears on our reco</u> ry)	rds.)	1	
The Articles of Organization for this Limited Liability Con	npany were filed on	09/01/2015	·	and assig	gned
Florida document number L15000146579				•	•
This amendment is submitted to amend the following:	. •				
A. If amending name, enter the new name of the limited	d llability company	here:	Ĭ	S 23	-
			. (A	708 708	
he new name must be distinguishable and contain the words "Limited	Liability Company," t	he designation "LL	C" or the abbrevi	•	C."
Enter new principal offices address, If applicable:				29	
Principal office address MUST BE A STREET ADDRES	<u> </u>		<u></u>	;; <u></u>	
			<u> </u>	ို့ ထ	1
			· 5	TF 58	
Enter new mailing address, if applicable:	···				
Mailing address MAY BE A POST OFFICE BOX)					
				····	
I If amonding the verificant areas and a resistant at	P			· • •	
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	nice address on ou	r records, <u>ente</u>	r the name of t	he new	regis
Name of New Registered Agent:				•	•
New Registered Office Address	·			:	
	Enter I	Florida street addre	11		
		. F	Iorida	•	
		 , - '		Code	- .
ew Registered Agent's Signature, if changing Registered Ag	Cay				

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.

□Change

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

MGR Gemma				Type of Action
MUNA Cremma	Ivette Moreno Lorena		685 PALM BLVD CITY	⊟ Aċd
			WESTON, FL 33326	, □Remove
			· · · · · · · · · · · · · · · · · · ·	DChange
	· .			DAḍd .
				□Remove
				□Change
		•		□A₫d
				□Remove
				Change
				_ DAdd
				□Remove
		•		□Change
				□Add ·
•		-		🗆 Reimove
		. · -		_ OChange .
 		-		_ □Add

Page: 5 of 5

		 			
·	· · · · · · · · · · · · · · · · · · ·	. ·			
			•		
	· · · · · · · · · · · · · · · · · · ·			**************************************	
			···		
	·				
		· · · · · · · · · · · · · · · · · · ·			Si
				e yare labaga 177 beauga	
		·····			<u>工作</u>
<u> </u>	·			·	88.7
• • • •		•			
	The state of the s				05
,					<u> </u>
	<u> </u>	`		·* • · · · · ·	C
-			-		
			,		
	•				
lective date, if other tha	n the date of filing:			(optional)	
<u>ste:</u> If the date inserted in t	te must be specific and cannot be his block does not meet the a	pplicable statutory fi	r more than 90 da ling requiremen	nus, this date v	vill not be listed
cument's effective date on	the Department of State's rec	ords.			
·	en e			6 (b) Th-	COOK day allows
ecora specifies a detayed et is filed.	fective date, but not an effect	ive time, at 12:01 a.t	n. on the eartic	ron (b) the	your day after t
				•	•
aed JULY 29			-		
		A Transmitter			• .