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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cos			
BMW SUBSUBJECT:	PORT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JONAS VENCIUS		
		Name of Person	
	BMW SUPPORT LLC		
		Firm/Company	
	2008 COOLIDGE ST		
		Address	
	HOLLYWOOD, FL 3302	0	
	JONAS@BMWSUPPORT	City/State and Zip Code COM to be used for future annual report	notification)
For further information of	oncerning this matter, please c	all:	
JONAS VENCIUS		954 3001712 at ()	:
Name o	f Person		ytime Telephone Number
Enclosed is a check for the	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 enclo
<u>Mailing Addres</u> Registration S		Street Address	
Division of C		Registration Division of (Section Corporations
P.O. Box 632	7		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMW SUPPORT LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Compar	ny were filed on 02/23/22	and assigned
orida document number L15000183767		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liz	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC	" or the abbreviation "L.L,C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<i>ح</i> نِ
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		a. 1
		70.7
. If amending the registered agent and/or registered offic	e address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		: : :
Name of New Registered Agent:		·
Num Domintoned Office Address		
New Registered Office Address:	Enter Florida street addres	s
	Cl.	orida
	, r.ic	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 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
MGR	JUREVICIUS, KAROLIS	140 S DIXIE HWY, APT, 437	🗀 Add
		HOLLYWOOD, FL 33020	≅Remove
			□Change
			□Add
			□Remove
			☐ Change
			AddP
			□ Remove
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		-,	□Add
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			□ Change
			□Add
			□Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior e: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective tile.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed FEBRUARY 23 2022	·
JONAS VONCAUS Signature of a member or author	

Filing Fee: \$25.00