

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.

(((H19000289756 3)))



H190002897563ABCE

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 : DALIA ACCOUNTING SERVICE

Account Number : 120640000149 Fhone : (561)478-1777 Fax Number : (561)478-0567

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BMD CONSTRUCTION, LLC

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

T GLASS

Electronic Filing Menu Corporate Filing Menu

He MP 3 0 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMD CONSTRUCTION, LLC		
(Name of the Limited Limiting (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/16/2015	and assigned
Florida document number L15000193607	<u>-</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ess)	
		. 드
Enter new mailing address, if applicable:		· · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		· N:
	-	
B. If amending the registered agent and/or registe	ered office address on our records, enter	the name of the new
registered agent and/or the new registered office addre		.3 (2
		-
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	BRIAN GRIMALDO	2031 SW JANETTE AVE	= Add
		PORT ST LUCIE, FL 34953	
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add- ;
			C - C - C - C - C - C - C - C - C - C -
			Change,
			D Add
			Remove
			Change
			
			□ Remove
			☐ Change
		·	
			□ Remove
			☐ Change

				<u> </u>	<u>.</u>
		·			
					_
•					·
	· · · · · · · · · · · · · · · · · · ·				
-					
•			·	<u> </u>	2019
-			 		S
-					27
•					<u> </u>
-					
-					
_					
Note:	ive date, if other than the date of fective date is listed, the date must be spec. If the date inserted in this block does tent's effective date on the Department.	s not meet the applicat	date of filing or more than le statutory filing requi	(optional) 190 days after filing.) Pursus rements, this date will no	ant to 605.0207 (3)(or be listed as the
	cord specifies a delayed effect 90th day after the record is		an effective time, a	at 12:01 a.m. on the	e earlier of:
Dated	SEPTEMBER, 27	2019			
	Signatur	e of a member or authori	zed representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00