L15000 207127

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TALLAHASSEE FLORIS

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COVER LETTER

Division of Cor	porations _f		
BSG Intern	s, LLC		
SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rasheeda Butler		
		Name of Person	
	BSG Interns, LLC		
	·	Firm/Company	
	115 Van Gogh Way		
		Address	
	Royal Palm Beach, FL 334	4 11	
	Rasheeda@BSGinterns.com	City/State and Zip Code n	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ca	all:	
Rasheeda Butler		561 662-1670	
Name o	f Person		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 enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

BSG Interns, 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 were filed on _____ and assigned L 15000207127 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: 0 Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AR	Zeehan P. Asghar		□ Add
		115 Van Gogh Way, Royal Palm Bo	■ Remove
			☐ Change
AR 	Rasheeda Butler	115 Van Gogh Way, Royal Palm Be	≅ Add
			□ Remove
			□ Change
			Add
			Remove
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. Effective date, if other than the	date of filing:	(optional) ling or more than 90 days after filing.) Pursua	unt to 605 0207 (3)(1
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statute	ory filing requirements, this date will no	t be listed as the
the record specifies a delayed The 90th day after the rec	d effective date, but not an effe ord is filed.	ective time, at 12:01 a.m. on the	e earlier of:
April 28 Dated	2016		
Hoter			
	Signature of a member or authorized repres	sentative of a member	
Frank Butler			<u></u>
	Typed or printed name of s	signee	

Page 3 of 3

Filing Fee: \$25.00