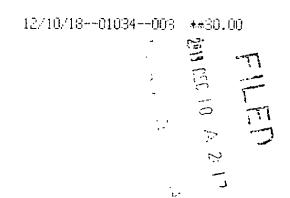
L16000024222

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





000320785290



D. SCOTT DEC 1 9 2018

		tion Section of Corpora						
SHRIFC	ጉ	SURE	FLOCK >	HOMES	LLC.	•		
SOBJEC	··	<u>, , , , , , , , , , , , , , , , , , , </u>	Nam	e of Limited Li	ability Company			
The enclo	sed Arti	cles of Amo	endment and fee(s)	are submitted	l for filing.			
Please ret	um ali c	orresponder	nce concerning this	matter to the	following:			
		-	BRENDA	n Flo	CV > McN Name of Person	1A6HAN		
		-	SURE	FLOCKS	Firm/Company	LLC	<u></u>	
					Firm/Company			
		_	25716	i p,~	E SI. Address	Marora	eyes	
					Address			
				MELF	ost , FL	3266	<u></u>	~3 "
			·	•	•			. 5 :7
		_	b. tlock	>m exac	han & gm	w. 1. Com	ntion)	61 523 had
For fireth	ar infam	untian anna			ised for future aim	aar report notines	idoli)	<u></u>
roi itatik	C1 11110111	ention conce	erning this matter,	picase can.				>
BREN	240	FLOCI	son MONAGE	1AN	_at (<u>352</u> _)	317 -	c5 88	2: 1
		Name of Per	son		Area Code	Daytime T	elephone Number ;	1
Enclosed	is a chec	ck for the fo	llowing amount:					
\$25.0	X) Filing	Fee 5	\$30,00 Filing Fo Certificate of S		\$55.00 Filing Fo Certified Copy (additional copy is		Certified C	of Status &
		Registration Division of	Corporations		Regist Divisio	ET/COURIER ration Section on of Corporati		
		P.O. Box 6. Tallahassee				n Building Executive Cente	er Circle	

Tallahassee, FL 32301

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SURE FLOCKS HOMES LLC	
SURE FLUCKS HOMES LLC (Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on FEBRAL Florida document numberL 16000024227	ney 4 th , Zo16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BFM Design Build LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designs	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ation *LLC* or the abbreviation *L.L.C.*
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(7)
	0,17
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>ਆ</u>
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida str	reet address
	, Florida
City New Registered Agent's Stanature, if changing Registered Agent:	Zip Code

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

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
			O Change
			D Add
			D Remove
			☐ Change
		<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	
			Remove
			O-Change
			Remove
			C Change
			П Remove
			Change
			D Add
			Change

• •	
	<u> </u>
	9 .:1
	· · · · · · · · · · · · · · · · · · ·
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
e: If the date inserted in this block does not meet the applicable statutor	
ument's effective date on the Department of State's records.	
coord aposition a deleved affective data, but not an office	dive time of 10:01 cm on the coefficient
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	arve time, at 12.01 a.m. on the earner t
ed DECEMBER 6 , ZO18	
ed DECEMBER 6 , 2018.	
Signature of a member or authorized represe	entative of a member
Signature of a member or authorized represe	dimit ve of a frecileer

Page 3 of 3

Filing Fee: \$25.00