

L16000073356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

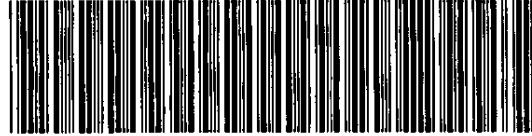
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289096825

08/16/16--01023--030 **25.00

2016 AUG 16 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 17 2016

TURNER & LYNN, P.A.
ATTORNEYS AT LAW

Vernon W. Turner (1917-2000)
Sandra T. Lynn
John Michael Lynn

Please reply to:
Key Largo office XXX
Homestead office

7 Barracuda Lane
Key Largo, FL 33037
Telephone: (305) 367-0911
Fax: (305) 367-0915
JMLynn@bellsouth.net

6 Palm Plaza
Homestead, FL 33030
Telephone: (305) 367-0911
Fax: (305) 367-0915

August 9, 2016

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Articles of Amendment to Articles of Incorporation
BPMB, LLC
Florida Document #: L16000073356**

Dear Sir/Madam:

Enclosed please find for filing the following documents as well a check in the amount of **\$25.00** in payment of the listed fees:

Filing fee	\$ 25.00
------------	----------

Also enclosed is a stamped, self-addressed envelope for your use in returning the recorded documents to our office.

Should you have any question, feel free to contact our office.

Very Truly Yours,

TURNER & LYNN, PA.

BY: 
SANDRA T. LYNN, ESQ.

STL/CH
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BPMB, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra T. Lynn, Esq.

Name of Person

Turner & Lynn, PA

Firm/Company

7 Barracuda Lane

Address

Key Largo, FL 33037

City/State and Zip Code

Sandratl@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra T. Lynn, Esq.

305 367-0911
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

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

BPMB, LLC

The Articles of Organization for this Limited Liability Company were filed on April 13, 2016 and assigned Florida document number L16000073356.

A. If amending name, enter the new name of the limited liability company here:

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:

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

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>	<u>Type of Action</u>
AMBR	2008 Meisel Fam. Trust dtd 9-9-08	263 Center Avenue	<input type="checkbox"/> Add
		Westwood, NJ 07675	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bruce Meisel	263 Center Avenue	<input checked="" type="checkbox"/> Add
		Westwood, NJ 07675	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 JUN 16 P 11:50
SECRETARY OF STATE
TREASURY, FLORIDA

U. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 5,

Signature of a member or authorized representative of a member

Bruce Meisel, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
AUG 16 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA