L16000093857

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SECRETARY OF STATE TALLAHASSEE, FLORID!

COVER LETTER

TO: Registration Division of	on Section f Corporations	
SUBJECT:	BDLUM, LLC Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	Vincent Dawkins Name of Person	
	BDLUM, LLC Firm/Company	
	5363 SW 150 Terrace	<u>- </u>
	Minimur, FL 33027 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Vincey Nan	me of Person at (786) 443 - 47 Area Code Daytime Telephon	OO e Number
Enclosed is a check fo	For the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Com	LC			
(Name of the Limited Liability Com (A Florida Limite				
The Articles of Organization for this Limited Liability Compar	ny were filed on	5/12/16	and assigned	
Florida document number <u>L16000093857</u> .		7 -7		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here	:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	gnation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	_			۲.,
(Principal office address MUST BE A STREET ADDRESS)				156
			Z	→ R
				ASS.
Enter new mailing address, if applicable:			P	
(Mailing address MAY BE A POST OFFICE BOX)				الار 13.
			<u> </u>	ATE PATE
B. If amending the registered agent and/or registered	office address as	•		-};>
registered agent and/or the new registered office address he	ere:	ir records, <u>enter the</u>	name of the	new
Name of Nam Basistand A				
Name of New Registered Agent:				_
New Registered Office Address:				
	Enter Florida s	street address		_
		, Florida		_
Sample of the state of the stat	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 **Title Name Address** Type of Action MGR Larry Kinsler □ Add 1723 NE Miumi bardens Dr, 33177 Remove MGR Jimico Young 18835 NW 14 Rd , Miami, FL 33/69 Remove _____ Change □ Remove □ Add ☐ Remove ____ Change □ Add ☐ Remove _□ Add ☐ Remove ____ Change

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ive date, if other than the date of filing:				
fective date is listed, the date must be specific and cannot l. If the date inserted in this block does not meet the nent's effective date on the Department of State's re-	applicable stabite	ing or more than 90 da rry filing requirement	(optional) ys after filing.) Pursu nts, this date will no	ant to 605.0 of be listed
cord specifies a delayed effective date, b 90th day after the record is filed.	ut not an effe	ctive time, at 12	2:01 a.m. on th	e earlier
1/20/18	·			
Court Signature of a member of	6			

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Filing Fee: \$25.00