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COVER LETTER

	INTENANCE GROUP LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oundence concerning this matter	to the following:		
	JORGE GUEDES			
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<u> </u>	
	BPM MAINTENANCE G	ROUP LLC		
		Firm/Company	···	
	8314 NW SOUTH RIVER DR			
	· · · · · · · · · · · · · · · · · · ·	Address		
	MEDLEY, FL 33166			
		City/State and Zip Code		
	sales@bpmaintenancegroup			
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
JORGE GUEDES		786 801-4628		
Name	of Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for	the 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
Division of Corporations

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

BPM MAINTENANCE GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 5/12/2016	and assigned
Florida document number L16000093989		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	<u> </u>	<u> </u>
		SE USID
		~ ×ĕ ~ ≅₽¬
Enter new mailing address, if applicable:		9 (3)
(Mailing address MAY BE A POST OFFICE BOX)		TO RECE
		RAI H:
		3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
		• •
	, Flor	rida

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>	Address	Type of Action
MGR	TANIA SEQUEIRA	8318 NW 7 ST, APT 86	
		MIAMI, FL 33172	□ Remove
			Change
			🗆 Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
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			Change
			Add
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			☐ Change

		
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ective date, if other than th	e date of filing:	(optional)
te: If the date inserted in this b	st be specific and cannot be prior to date of filing or molock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
rument's effective date on the l	epartment of State's records.	
	d effective date, but not an effective ti	me, at 12:01 a.m. on the earlier o
he 90th day after the re	ord is filed.	
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Ctt	··	
0,	/	

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Filing Fee: \$25.00