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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·





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11/10/16--01004--015 **43.75

SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

K. SALY





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2016

B&M REAL ESTATE, LLC GERMAN MEDINA 19400 TURNBERRY WAY, 1612 AVENTURA, FL 33180

SUBJECT: B&M REAL ESTATE, LLC

Ref. Number: L16000199956



We have received your document for B&M REAL ESTATE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00024375

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	BEM REAL Name of Lim	ESHATE LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Germa	Medina Name of Person	.
	SAn	Name of Person Firm/Company	<u></u>
	19400 Turn	borry WAY, #	•
	Aventura	+, FZ 33180 City/State and Zip Code	
	Serman E-mail address: (TME DINA O 6MAn to be used for future annual report notif	L. Comication)
For further information co	ncerning this matter, please co	all:	
Exer man Name of	AN MEDINA Person	at (305) 546 Area Code Daytime	2 - 9018 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy

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 ТÒТ ARTICLES OF ORGANIZATION OF

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ARTICLES OF O	RGANIZATION F//
OF	RGANIZATION 2016 NOV 28 PM 3: 14 As it now appears on our records.) Ability Company)
21.2	NOV 20
BEM REAL Es-HATE (Name of the Limited Liability Company (A Florida Limited Liability Company)	LLC PASECRET PH 3: 1.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	As it now appears on our records.)
	160516
The Articles of Organization for this Limited Liability Company w	vere filed on $10-3/-16$ and assigned and assigned
Florida document number <u>L 16000 199956</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
THORNE MILENA BA	110 for 110
Tronne Milena Ba The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
	11/1
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	_ <i>U</i> / <i>A</i>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
	4
Name of New Registered Agent:	+
Now Pagistared Office Address	
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	anager uthorized Member	ember 2016			
<u>Title</u>	<u>Name</u>	Address	2016 NOV 28 PM 3: 14 VALLAHASSEE FLORID	Type of Action	
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		Signature of a	a member or author	zed representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00