

**L17000033206**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

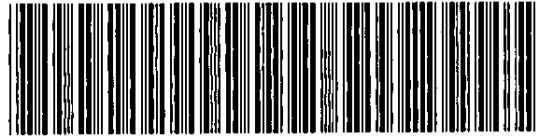
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2021 MAY 16 P 12:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. BRUCE  
MAY 17 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BMC USA 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:

JOSE M. MARQUINA

Name of Person

JOSE M. MARQUINA, P.A. LLC  
Firm/Company

2655 S LE JEUNE ROAD, STE 905

Address

CORAL GABLES, FL 33134

City/State and Zip Code

CONTABILIDAD@MARQUINALACK.COM

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

For further information concerning this matter, please call:

JOSE M MARQUINA

Name of Person

305

at ( )  
Area Code

448-6161

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

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TALLAHASSEE, FLORIDA

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

BMC USA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2017 and assigned  
Florida document number L17000033206.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2655 SOUTH LE JEUNE ROAD. STE 905

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

2655 SOUTH LE JEUNE ROAD. STE 905

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

**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:

MARQUINA & LACK CONSULTORES, LLC

New Registered Office Address:

2655 SOUTH LE JEUNE ROAD. STE 905

*Enter Florida street address*

CORAL GABLES

*City*

, Florida

33134

*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

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TALLAHASSEE, FLORIDA

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>
MGR	Cancelo Cabanas, Candido Antonic	2655 SOUTH LE JEUNE ROAD.	<input type="checkbox"/> Add
		STE 905	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

Dated MAY 9<sup>th</sup>, 2017.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CANDIDO ANTONIO CANCELO CABANAS  
\_\_\_\_\_  
Typed or printed name of signee