(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Cenificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100318657761

08/25/18--01006--018 **175.00

2018 SEP 24 PH 6: 01

N COOPER

SEP 27 2018

COVER LETTER

TO:		istration Se sion of Cor			
eud if		BSPI HOL	DINGS, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub	_	
,		·	MAX ADAMS	J	
			THE MEDI LAW FIRM	Name of Person	
			2151 S LEJEUNE ROAD S	Firm/Company SUITE 306	
			CORAL GABLES, FL, 3313	Address 34	
			INFO@THEMEDILAWFIRM	City/State and Zip Code	
For furt	her in	formation co	E-mail address: (to be used for future annual report notificall:	ration)
MAX A		S	-	305 444-3484	
		Name of	f Person	at ()	Felephone Number
Enclose	d is a	check for th	ne following amount:		
\$25	.00 Fi	lling 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: 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

BSPI HOLDINGS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) iited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 3/8/2017	and assigned
lorida document number L17000053644		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
	4	8 SE
	Ž	中 2章 2
nter new mailing address, if applicable:	670 GALDES ROAD	4 73
Mailing address MAY BE A POST OFFICE BOX)	SUITE 200	P
	BOCA RATON, FL, 33431	-
		36
. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:		ter the name of the
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>	Address	Type of Action
			Remove
-			Change
			D Add
		□ Remove	
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
		☐ Add	
			Remove
			Change

OFFICERS, PRINCIPLE AND N	IAILING.	-		
		·		
				
				
·				·
		<u> </u>		-
				8 S
				SEP :
				2
				
				<u> </u>
fective date, if other than the d	ate of filing:		(optiona	aD.
an effective date is listed, the date must b	e specific and cannot be prior	to date of tiling or mo	re than 90 days after filii	ng.) Pursuant to 605.02
ote: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applic artment of State's records.	able statutory filing	requirements, trus da	ile will not be fisted
	effective date, but no	t an effective ti	me, at 12:01 a.m	n. on the earlier
e record specifies a delayed (d is filed.			
The 90th day after the recor	2019			
The 90th day after the recor	2018			
The 90th day after the recor	. 2018			
The 90th day after the recor	2018 gnature of a monther or all the	opied representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00