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SECHLIARY OF STATI ALLAHASSEE, FLORIC

S. WARREN 'JUN 01 2017

COVER LETTER

Division of Cor	porations	•	
SUBJECT:			
	Name of Limi	ted Liability Company	
he enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Barry M. Goddard		
		Name of Person	
	BGLV Concepts LLC		
		Firm/Company	
	5336 S John Young Parkwa	ау	
		Address	
	Orlando FL 32839		
		City/State and Zip Code	
	barry@bmgmedicalconsu;ta		
	E-mail address: (1	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	ıll:	
Barry M Goddard		407 701 1920 at (
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 enclose

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**

BGLV Concepts 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 05-24-2017 and assigned
Florida document number L17000115513	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	illity company here:
BGVL Concepts LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5336 South John Young Parkway
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32839
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or registered o	flips address on our records enter the name of the n
registered agent and/or the new registered office address her	
,	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>

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 Agen

Page 1 of 3

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
Mag	Barry M. Goddard	5336 S John Young Parkway, Orlat	Add
			□ Remove
			Change
Mgr	Victor Lasa		B Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
		<u> </u>	Change
			Add
			Remove THAT Change
		· 	30 MII:
		<u>.</u>	Change

changes from BGLV Concepts to I	BGVL Concepts LLC	
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te: If the date inserted in this block document's effective date on the Depart	ective date, but not an effective time, at 12	nts, this date will not be liste
·		
ed May 26th		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Signa	ature of a member or authorized representative of a member	200
Barry M Goddard		AND TAKEN
	Typed or printed name of signee	ASSET OF
	n	PP S
	Page 3 of 3	

Filing Fee: \$25.00