217000184924

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

N COOPER JUN 1 2 2018

COVER LETTER

TO: Registration S Division of Co			
BGM EMI	PIRE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person	
	BGM EMPIRE LLC		
Firm/Company			
	616 ATLANTIC SHORES	BLVD STE C	
		Address	
	HALLANDALE, FL 3300	9	
	CCTAVIDI DOCMAIL C	City/State and Zip Code	
	CGTAXHELP@GMAIL.C E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
CARLOS GONZALEZ		954 632-127	2
Name	of Person		ytime Telephone Number
Enclosed is a check for t	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:

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

OF

BGM EMPIRE LLC

(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited I Florida document number <u>L17000184924</u>	iability Company	were filed on <u>08/28/2017</u>	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.IC."		
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)		18 18		
Enter new mailing address, if applicable:		N/A	FILLED ARY OR 11 PI		
(Mailing address MAY BE A POST OFFICE	BOX)		170 N.		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			Is, enter the name of the ne		
New Registered Office Address:		Enter Florida street addre	288		
		. Florida			
		City	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>			
I hereby accept the appointment as register provisions of all statutes relative to the propaction as register accept the obligations of my position as registing filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of my duties, a provided for in Chapter 605	nd I am familiar with and . F.S. Or, if this document is		
	If Cha	inging Registered Agent, <u>Signature</u>	e of New Registered Agent		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager
- AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELIANA MALDONADO	220 SW 9TH AVE #219	Add
		HALLANDALE BEACH	□ Remove
		FL. 33009	Change
			Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
		 	
		☐ Remove	
		t	Change
		<u>-</u>	□ Add
		 	□ Remove
			Change
			□ Add
		- 	Remove
			Change

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies the 90th day after the record is filed.	N/A	 .			
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ective date, if other than the date of filing: JUNE 7, 2018 (optional)					
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Signature of a member or autilorizer representativy of a member (optional) (3	유니
fective date, if other than the date of filing: JUNE 7, 2018					
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CARLOS GONZALEZ	rightene of a member of ager	The second second	war or a member		

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Filing Fee: \$25.00