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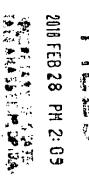
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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HARO 1 2000 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BM/// / C 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:	
Louis Person	
BM4 LLC Firm/Company	
15 Locust ST	
Nurrey NJ 07110	
City/State and Zip Code 1780/5/4/K 9 A04 E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Log IS TROIS 1 at (973) 928-9/4/ Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status (Certificate of Status)	

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

13M Y L.L	BMY LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	f Organization for this Limited Liability Company were filed on 0 / 1/7 / 8 and assigned ent number		
	1 / / / / / / / / / / / / / / / / / / /		
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	22		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here:			
Name of New Registered Agent:	15 V TROISI		
New Registered Office Address: 800	6 KING PALL TO CIRCLE		
_ Kiss	MMEE , Florida 34747 Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		

Page 1 of 3

* FEIN: 82-3875370 (PLEASE SEE ATTATCHES

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>	Name	Address	Type of Action
MGR	Louis J. TROISI	15 LOLUST ST. NUTTEY ASO	2110 XAdd
			🗆 Remove
			Change
			Remove
			Change
			
			Remove
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			□ Remove
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			□ Add
			Remove

_ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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ffective an effect	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.020	7 (3)(b
lote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be t's effective date on the Department of State's records.	listed a	s the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Oth day after the record is filed.	rlier o	f:
ated	02/19/18		
	Signature of a member or authorized representative of a member	-	
	Typed or printed name of signee	2018 FE	Qja.
	Page 3 of 3	EB 28	The same
	The state of the s	PH	-