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SECRETARY OF STATE SECRETARY OF CORPORATIONS

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AUG 1 7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BPIUS FFL 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:
Camille Ronshau Name of Person
Brokers + Engineers FirmCompany
2303 N. Florida Ave.
City/State and Zip Code
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Camille Renshau at (646) 701-4536 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

B Plus E F	L LLC
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 18000 133049</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF START OF
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	mille Renshau
New Registered Office Address:	303 N. Florida Ave Enter Florida street address
	Tampa , Florida 33602 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Comille Ronkhan	2303 N. Florida Ave Tayan	FL 3360 2 M Add
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar .	ייר.)	
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Effective date, if other than the date of filing: (optional))	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	g.) Pursuant to 60	5.0207 (3) ted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.) The 90th day after the record is filed.	on the earli	ier of:
Dated 8 7 . 2018.		
Signature of a member or authorized representative of a member		
Camille Renshaw Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00