

L18000135895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

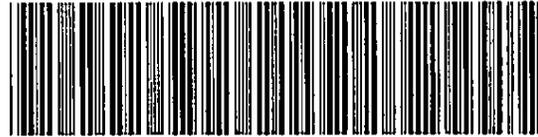
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BM FAMILY 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:

IVAN BRAVO

Name of Person

RED SQUARE ACCOUNTING AND TAX, LLC

Firm/Company

6052 Turkey Lake Road # 144

Address

Orlando, FL, 32819

City/State and Zip Code

info@redsquaretax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Noeva

407 717-8150

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BM FAMILY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/31/2018 and assigned Florida document number L18000135895.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13953 Fairway Island Dr # 618

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL, 32837

Enter new mailing address, if applicable:

13953 Fairway Island Dr # 618

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL, 32837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Red Square Accounting and Tax, LLC

New Registered Office Address:

6052 Turkey Lake Road, #144

Enter Florida street address

Orlando

City

Florida

32819

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.

Ivan Bravo

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ORIPOV, SHOKHRUKH	13953 Fairway Island Dr #618	<input type="checkbox"/> Add
		Orlando, FL, 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SHOKHALILULLO, MOKHINUR	13953 Fairway Island Dr #618	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

