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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO;	Registration Sec Division of Corp			*
SUBJI		ESTMENTS LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		RICARDO BALLESTERO	OS GUTIERREZ	
		-	Name of Person	
			Firm/Company	
		520 E LIONSHEAD CIRC	CLE UNIT 307	
			Address	
		VAIL, CO 81657		
			City/State and Zip Code	
		AARKIN@CPATAXACCO		
For fur	ther information ed	ncerning this matter, please co	to be used for future annual report noti all:	itication)
AVIV	E. ARKIN, CPA		305 985-3870	
	Name of	Person	at ()	ne Telephone Number
Enclose	ed is a check for the	e following amount:		
≡ \$2.	5.00 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 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BM FC INVESTMENTS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000151521</u>	were filed on 06/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	The Comment of the Comment	22
The new mame mass be distinguistable and contain the words. Timited Liabi		- may
Enter new principal offices address, if applicable:	520 E LIONSHEAD CIRCLE UNIT 30	072
(Principal office address MUST BE A STREET ADDRESS)	VAIL, CO 81657	AS: 6
		70
Enter new mailing address, if applicable:	520 E LIONSHEAD CIRCLE UNIT 30	1 2: 41 FLORE
(Mailing address MAY BE A POST OFFICE BOX)	VAIL, CO 81657	7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nan	ne of the new registered
New Registered Office Address:		
•	Enter Florida street address	
	Florida	

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.

City

Zip Code

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
AMBR	RICARDO BALLESTEROS	520 E LIONSHEAD CIRCLE UNIT 307	≣ Add
		VAIL, CO 81657	□Remove
			□ Change
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Effective date, if other than t	e date of t	filing:	26/2021			(optio	nal)	
If an effective date is listed, the date n Note: If the date inserted in this	ust be specifi block does i	c and canno	t be prior to	date of filing	or more than	90 davs after f	iling.) Pursua	nt to 605.0207
document's effective date on the	Department	of State's	records.	ic statutory	mag redui	ements, this	date will no	t oc fisted as
e record specifies a delayed effect rd is filed.	ive date, but	t not an eff	ective time	e, at 12:01 a	.m. on the e	arlier of: (b)	The 90th o	lay after the
Dated		202	1					
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Typed or printed name of signee