118 000 219791

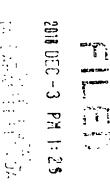
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COVER LETTER

TO:		tion Section of Corporation	s						
SURI	F <i>C</i> T∙	3MAC	Solutions	LLC ited Liability Company					
(,FC) 19(F)			Name of Lim	ited Liability Company					
The er	iclosed Arti	cles of Amendm	ent and fee(s) are sub	mitted for filing.					
Please	return all c	orrespondence c	oncerning this matter	to the following:					
			Brion	Me Govern					
				Name of Person					
				Firm/Company					
			127	50 82 Ave					
				Beach FL City/State and Zip Code					
			bmace	IHO aci. com				20 20 20 20	.
For fu	rther inform	ation concerning	E-mail address: (g this matter, please c	to be used for future annua all:	l report notificatio	on)		2018 DEC - ((ESA.
			-	at (<u>56 1</u>)	430 - 96	609			
		Name of Person		Area Code	Daytime Tele	phone Number		اري درع درع	•
Enclos	sed is a chec	k for the follow	ing amount:						-
Þ \$2	5.00 Filing		0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filir Certificate Certified C tadditional co	of Status opy		

MAILING ADDRESS:

TO:

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

BMAC Solutions, LLC	Type it now appears up our records)	
(Name of the Limited Liability Compar (A Florida Limited I	hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 42 3000 219791	were filed on $\frac{9/17/18}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	100 E Linten Blod	± 1484
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	33483	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Petray Beach, FL 33483	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter	
New Registered Office Address:	Enter Florida street address	
	Emer Florida Mreel address	
	, Florida,	Zip Code
N. D. C. Land M. W. L. G. Harrison H. William M. Arranto	· · · · · ·	vige version

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		
AMRR = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
		 -	☐ Change
			Remove
			Change
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m effective date is listed. <u> yte:</u> If the date inserte	er than the date of fi the date must be specific ed in this block does note on the Department	and cannot be prior to tot meet the applica	o date of filing or more		lling.) Pursuant to	
	a delayed effectiver the record is file		an effective tim	e, at 12:01 a.	m. on the ea	rlier o
The 90th day afte		2. 2018 723				
	29	2018	rized representative of	u member		

Page 3 of 3

Filing Fee: \$25.00