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Office Use Only



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# **COVER LETTER**

SUBJECT: BMC PEALTY & ASSOCIATES, 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:
Blace M Clattey Name of Person
Name of Person
Cathey Howings, LLC
Firm/Company
365 5th Ave South, Ste #211
Naples, LL 34102 City/State and Zip Code
BLAKE & BMC S (LUFL). Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Blacke Cathey at (239) 269 - 8084  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

BMC	ZEALTY & ASSOCTATES, LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>しげん</u> のひょう	lity Company were filed on $\frac{10/29/2019}{2019}$ and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BO</u>	TALLY NOV 20
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the never address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	
	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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Blake Michael Cathey	365 5th Avenue South Ste 211	<b>≱</b> ¶.∧dd
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lfanelf <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	November 18th 2019
	Signature of a member, or authorized representative of a member
	Blake Cathy - Cathey Holdings, LLC Typed or printed name of signee

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Filing Fee: \$25.00