

LZO 000073657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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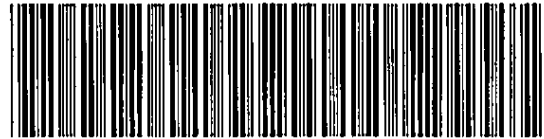
(Business Entity Name)

(Document Number)

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R. WHITE

SEP 10 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

6/24/2020

SUBJECT: BMH Real Estate 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:

Sabrina Raymond  
Name of Person

BMH Real Estate LLC  
Firm/Company

4422 Winding River Drive  
Address

Valrico, FL 33596  
City/State and Zip Code

Sabrina@BrandonMentalHealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Raymond at ( 813 ) 509-0109  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$50.00 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2020

SABINA RAYMOND  
4422 WINDING RIVER DR  
VALRICO, FL 33596

SUBJECT: BMH REAL ESTATE LLC  
Ref. Number: L20000073657

We have received your document for BMH REAL ESTATE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PLEASE PRINT THE NAME OF THE ENTITY AT THE TOP OF PAGE 1(OF3).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 520A00015207

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

**BMH Real Estate 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 3/5/2020 and assigned Florida document number L20000073657

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:

(Principal office address MUST BE A STREET ADDRESS)

1134 Bell Shoals Road  
Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Shane T Raymond

New Registered Office Address:

4422 Winding River Drive

Enter Florida street address

Valrico

City

Florida

33596

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.*

Shane T. Raymond, LCSW  
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Shane T. Raymond</u>	<u>4422 Winding River Dr.</u>	<input type="checkbox"/> Add
		<u>Valrico, FL 33596</u>	<input type="checkbox"/> Remove
	<u>(Title is MGR not CEO)</u>		<input checked="" type="checkbox"/> Change
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove
		<u>                    </u>	<input type="checkbox"/> Change
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove
		<u>                    </u>	<input type="checkbox"/> Change
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove
		<u>                    </u>	<input type="checkbox"/> Change
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove
		<u>                    </u>	<input type="checkbox"/> Change
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove
		<u>                    </u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

*(This area contains horizontal lines for amending information.)*

E. 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.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

*If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.*

Dated Sept 9 2020

Sabina Raymond Manager  
Signature of a member or authorized representative of a member  
Sabina Raymond Manager  
Typed or printed name of signer