

LZO 0000 85231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

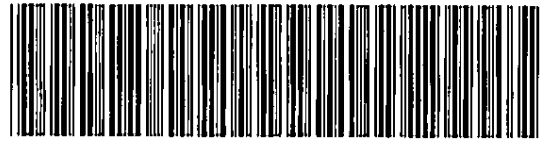
(Business Entity Name)

(Document Number)

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JUL 06 2020

AUG 16 2020  
S. YOUNG

2020 JUL -6 PM 3:57

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BME COMM 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:

Surely Molina  
Name of Person

Global Accounting & Tax Professional  
Firm/Company

7500 NW 25 ST Suite 246  
Address

Miami FL 33122  
City/State and Zip Code

smolina@usa-contabilidad.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Surely Molina at ( 786 ) 372-1391  
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**

BME COMM 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 03/18/2020

Florida document number L20000085231

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:**

10230 NW 72 ST

**(Principal office address MUST BE A STREET ADDRESS)**

Doral Fl 33178

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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**

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assigned

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         | Georgina Etchegaray | 7500 Nw 25 St Suite 246 Miami, Fl 33122 | <input checked="" type="checkbox"/> Add |
| _____        | _____               | _____                                   | <input type="checkbox"/> Remove         |
| _____        | _____               | _____                                   | <input type="checkbox"/> Change         |
| _____        | _____               | _____                                   | <input type="checkbox"/> Add            |
| _____        | _____               | _____                                   | <input type="checkbox"/> Remove         |
| _____        | _____               | _____                                   | <input type="checkbox"/> Change         |
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| _____        | _____               | _____                                   | <input type="checkbox"/> Remove         |
| _____        | _____               | _____                                   | <input type="checkbox"/> Change         |
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| _____        | _____               | _____                                   | <input type="checkbox"/> Change         |
| _____        | _____               | _____                                   | <input type="checkbox"/> Add            |
| _____        | _____               | _____                                   | <input type="checkbox"/> Remove         |
| _____        | _____               | _____                                   | <input type="checkbox"/> Change         |

