Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003362123)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP

Account Number : I20140000098 : (786)372-1391

: (786)762-2589 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

- 11	Address.		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BME COMM LLC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Haaooo 3362123

Seg. 29. 2022 7:56PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BME COM LLC					
(Name of the Utnited Liability Compa (A Florida Limited I	ny as it now appea	rs on our records.)		-	
The Articles of Organization for this Limited Liability Company		03/18/2020	and	assigneo	1
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company h	<u>iere</u> :			
N / A					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:	N / A		<u> </u>	2022 <b>\$</b> E	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<del>~</del>		EP 3	
			<u> </u>	õ	
,			ag	P	Ш
Enter new mailing address, if applicable:			[기상 <u> 파티</u>	<u>ب</u>	
(Mailing address MAY BE A POST OFFICE BOX)	-		1 :	38	
(Maning address MAT BE AT 031 0111CE DOM)			<u> </u>	,	00
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		forida street address	ame of the	new reg	zistered
	City	, Florida	Zip C	ode	
	<del>-</del>				

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 am \$20. 29. 2022, 7:56? Mon(s) authorized to manage, enter the fitte, name, and address of No. 0298 son F. Sig added or removed from our records: # 22.000 336 212 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ESTEBAN MAMONE	7500 NW 25TH STREET	□ Add
	<del></del> .	SUITE 246	■Remove
		MIAM1 FL 33122	□Change
		_	
			□ Remove
			Change
			□Add
			Change
			□Add
			□Remove
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			Dbb.
			Remove
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□ Change

H 22000 336212 3

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iffective date, i	if other than the date of filing: 09 29 29 (optional) (optional)	
f an effective date i	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	i.020
Note: If the date document's effec	ctive date on the Department of State's records.	
e record specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er th
rd is filed.		
Dated	Dept 29 TH , 22.	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Signature of a member or authorized representative of a member	
	Signature of action or authorized representative of a member  ESTERN TO MORE  Typed or printed name of signee	