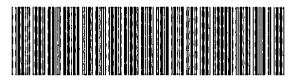
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: BMG OPPOR	RTUNITY FUND INC.
SUBJECT: BMG OPPORTUNITY FUND TNC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS J. BON LLA Name of Person ELP GLUBAL PLLC Firm/Company 7901 KINGS PD INTE PKWY # 8 Address OPLANDO FL 30819 CayloState and Zip Code CayloS D. P. J. Dollar Comm E-mail address: (to be used in faunt annual report notification) For further information concerning this matter, please call: CARLOS T. BON LLA at (197) 557-6208 Name of Person Area Code Daystine Telephone Number Enclosed is a check for the following amount: PS 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 Sected Address: Registration Section Division of Tallabassee 2415 N. Monroe Street, Suite 810	
Please return all correspondence concerning this material	ter to the following:
BIECT: BMG OPPORTUNITY FUND TINC. Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filling. case return all correspondence concerning this matter to the following: CARLOS J. BONILLA Name of Person ELP GLOBAL PUC Firm/Company 7901 KING POINTE PRWY # 8 Address ORLANDO FL 39819 City/State and Zin Code Carlos D. Com Final address: to be used fit funds annual report notification) returner information concerning this matter, please call: CARLOS J. BONILLA at 497, 557-628 Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: 1 \$25.00 Filing Fee Scittificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section	
<u>Orlan</u>	UDO FL 32819 City/State and Zip Code
Carlos E-mail addres	s: (to be used for future annual report notification)
	•
Enclosed is a check for the following amount:	
-	Certified Copy Certificate of Status & Certified Copy Certified Copy
/ Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMG OPPORTUNITY FUND TNC

	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 0407302 lorida document number 12000093767 .	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
BMG OPPORTUNITY FUND LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	-
3. If amending the registered agent and/or registered office address on our records, enter the nangent and/or the new registered office address here:	re of the new regis
tent and of the new registered office address fiere.	7
Name of New Registered Agent:	1
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
New Registered Office Address:  Enter Florida street address	
Ther ranga sireet address	7. T.
. Florida	<u></u>
City	Zip Code

## Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

authorized to manage, enter the title, name, and address of each person	being added

 our	records:	

Manager Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			☐Change
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		<del></del>	□ Remove
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an offec lote:   I	re date, if other than the date of filing: 02 02 20 (optional) ctive 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 605.026 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
record is file	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
ed _	02/02/2021 X
	Signature of a member of authorized representative of a member
	Syed Raza