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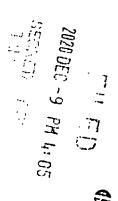
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JA - 1212

COVER LETTER

TO: Registration S Division of Co			
BMF PLA	ZA, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Athalia Lujo		
		Name of Person	
	BMF PLAZA, LLC		
		Firm/Company	
	8040 WEST MCNAB RO	AD	
		Address	
	NORTH LAUDERDALE	FL 33068	
		City/State and Zip Code	
	alujo@browardmeatandfish		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	ull:	
Athalia Lujo		954 726-8686 ext.	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addres Registration !		Street Address: Registration Sect	tion
Division of C		Division of Corp	
P.O. Box 632	.7	The Centre of Ta	Hahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMF PLAZA, LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ly Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L20000360536</u>	filed on November 13, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	
Enter new principal offices address, if applicable:	20 0
(Principal office address MUST BE A STREET ADDRESS)	-0 8 1
	0
Extension multiple address of analysis bloom	・ ファーディファーディファーディファーディファーディング
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 agent and/or the new registered office address here:	ss on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	iiy 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, 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>	Address	Type of Action
MGR	LUJO, ATHALIA	8040 WEST MCNAB ROAD	C)Add
		NORTH LAUDERDALE, FL 33068	■Remove
			□Change
		•	□Add
			□Remove
			□Change
			□Add
			□Remove
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			🖸 Add
			□Remove
			□Chana.

Effective date, if other than the date of filing: December 12, 2020 (optional) I 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d is filed. December 12 2020	Pursuant to 605.07						
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December 12 2020	90th day after th	pecifies a delayed effective date, but no	ot an effective ti	ime, at 12:01 a	i.m. on the earlier o	of: (b) The 90th c	day after the
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ated			<u>-</u> ;	<u>·</u> ·			
(Ara)		(Arton)					
Signature of a member or authorized representative of a member		Signature of z	a member or autho	orized represent	ative of a member		_

Filing Fee: \$25.00