

L21000016735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

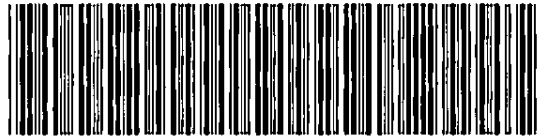
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 JAN 28 PM 1:55
FALL RIVER, MA
MASS. SEC. STATE

LLC
Correction

2021 JAN 28 PM 5:17
FALL RIVER, MA
MASS. SEC. STATE
FILED

FEB 01 2021

D CONNELL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/28/2021

PRIORITY Routine

OUR REF. # (Order ID#) 887420

ORDER ENTITY

BMH GROUP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BMH GROUP LLC (FL)

File the attached correction document and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: BMH Group LLC

SECOND: The Florida Document number of the limited liability company is: L21000016735

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
see attached exhibit

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

/s/Helio Alves Campos

1/28/2021

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

EXHIBIT

(a) Article II relating the address of the limited liability company is herein corrected for a typographical error in the mailing address and shall read as follows:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

136 Madera Beach Boulevard
Kissimmee, FL 34746

Mailing Address:

136 Madera Beach Boulevard
Kissimmee, FL 34746

(b) Article III relating to the Registered Agent and Registered Office of the Limited Liability Company is herein corrected for a typographical error in the Registered Office address and shall read as follows:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Helio Alves Campos

136 Madera Beach Boulevard

Kissimmee, FL 34746

(c) Article IV relating to the The name and address of each person authorized to manage and control the Limited Liability Company is herein corrected for a typographical error in the name of a member and incorrect statements as to the address of each initial member and shall read as follows:

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Helio Alves Campos
136 Madiera Beach Boulevard
Kissimmee, FL 34746

AMBR

Manuel Dias Loureiro Junior
5 Gaynor Avenue
Nesconset, NY 11787

AMBR

Bruno Mantovani Tristao Da Rocha
7 Church Street
Ronkonkoma, NY 11779