

171 0000093297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

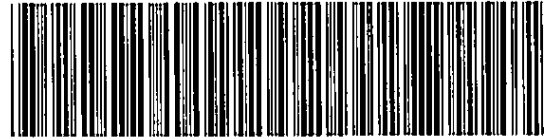
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/5/21 JM

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21 AUG 26 PM 1:15



RECEIVED
AUG 26 2021
FLORIDA DEPARTMENT OF STATE 53
Division of Corporations

August 5, 2021

TIFFANT EASLEY
6111 BROKEN SOUND PKWY NW #200
BOYNTON BEACH, FL 33487

SUBJECT: BMA-WAUCHULA LLC
Ref. Number: L21000093297

We have received your document for BMA-WAUCHULA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 021A00018593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMA-WAUCHULA 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:

Tiffant Easley

Name of Person

Sachs Sax Caplan PL

Firm/Company

6111 Broken Sound Pkwy NW #200

Address

Boynton Beach, FL 33487

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Easley

561

994-4499

at (_____) _____

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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BMA-WAUCHULA 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 03/04/2021 and assigned
Florida document number L21000093297.

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:

(Principal office address MUST BE A STREET ADDRESS)

1375 Gateway Blvd.

Boynton Beach, FL 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1375 Gateway Blvd.

Boynton Beach, FL 33426

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:

Barry Schwarzberg

New Registered Office Address:

1375 Gateway Blvd.

Enter Florida street address

Boynton Beach

City

Florida 33426

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 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

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Address

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barry Schwarzberg	1375 Gateway Blvd.	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BLACK MOUNTAIN ASSETS, LI	2500 Quantum Lakes Drive Suite 203	<input type="checkbox"/> Add
		Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

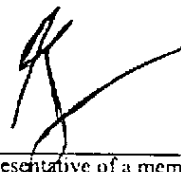
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E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 13, 2021



Signature of a member or authorized representative of a member

Barry Schwarzbarg

Typed or printed name of signee