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Cover Sheet

Contact information: Travis Michael Abadie

1014 Airport Rd. Unit 187

850-218-5855

Contact information: Mike Abadie

1014 Airport Rd. Unit 187

850-259-4400

COVER LETTER

Division of Co	rporations		
B.M.A An	nusement L.L.C		
	Name of Lir	nited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Travis M. Abadie		
		Name of Person	
	B.M.A Arnusement L.L.C		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1014 Airport Rd. 187		
		Address	
	Destin, Florida 32541		
	Abadiemt@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Travis Abadie		850 2185855	
Name (f Person	at ()	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.M.A Amusement L.L.C (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 March 8, 2021 and assigned Florida document number L21000111428 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) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Travis M. Abadie Name of New Registered Agent: 1014 Airport Rd. 187 New Registered Office Address: Enter Florida street address , Florida 32541 Zip Code Destin City 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 fix 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Travis Abadie	 	
			□Remove
		1014 Airport rd. 187	= Change
MGR	Mike Abadie		□Add
		1014 Airport rd. 187	■Remove
			□Change
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			□Remove
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			□ Remove
			□Change

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March 23		2021				MAR 25	
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Filing Fee: \$25.00