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T. SCOTT
DEC 2 8 2021



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COVER LETTER

Division of C				
SUBJECT:	BMA	HOLDING Name of Limi	S CLC ted Liability Company	
The enclosed Articles of	of Amendmer	nt and fee(s) are subr	nitted for filing.	
Please return all corres	pondence cor	icerning this matter t	to the following:	
		SANTAGO	Name of Person	
			Firm/Company	
		13017 R	iverwalk Charle	<u>S.</u>
	<u></u>	Plantation	Fl. 33325 City/State and Zip Code	··
	t	olivarsantia I-mail address: (1	100 9 @ gmail.com	ification)
For further information	concerning t	his matter, please ca	lt:	
<u>Suntiago</u>	Boliv of Person	AR	at (954) 805 Area Code Daytin	7400 9 ne Telephone Number
Enclosed is a check for	the following	g umount:		
(7 \$25,00 Fiting Fee		00 Filing Fee & tificate 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 Addr Registration			<u>Street Address:</u> Registration Se	ection
Division of P.O. Box 63	Corporatio	ns	Division of Co The Centre of	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

BMA HOLDINGS	ill	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan		21 and assigned
Florida document number <u>L21000123506</u> .	were fried on OSHOTEO.	and assigned
Florida document number <u>C110001 L 3 3 0 B</u> .		
This amendment is submitted to amend the following:		8
A. If amending name, enter the new name of the limited lia	bility company here:	
BMA CONCEPTS, LLC The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "I-IL.C."
Enter new principal offices address, if applicable:	SAME ADDRESS	
(Principal office address MUST BE A STREET ADDRESS)		2.
	4	E
Enter new mailing address, if applicable:	SAME ADDRESS	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our regards, anton th	a numa af the new registers
agent and/or the new registered office address here:	NO CHANGE	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
4444	Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being tiled to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
NO CHANGE	inging Registered Agent, Signature of N	an Degistered Sound
11 (.01	mgmg ixegisiereu Agent, Signature of A	en reginteren Agent

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member	NO CHUGE	
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
-	-		□Add
			□Remove
			□Change
			□Add
			□Remove
			
		,	🗀 Add
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			□Change
			🗀 Add
			□Remove
			□Change
			[]Add
			□Remove

Effective date, if other than the date of filing:	II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if document's effective date on the Department of State's records. 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 ord is filed. Dated December 8 4h.		
Effective date, if other than the date of filing: (Optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if document's effective date on the Department of State's records. 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 ord is filed. Dated December 8 4h.		
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Dated December 8th 2011	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Signature or anthorized representative of a member	Dated	December 8th 2011
		Signature of inhember or authorized representative of a member

Filing Fee: \$25.00