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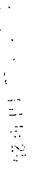
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COVER LETTER

TO:

	gistration Se vision of Cor		`	
eno irat.	BMG Solut	ions DJ, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	endence concerning this matter	to the following:	
		Barry E Haimo		
			Name of Person	
		Haimo Law		
			Firm/Company	
		8201 Peters Road Suite 10	00	
		·	Address	
		Plantation FL 33324		
			City/State and Zip Code	
		barry@haimolaw.com		
		E-mail address: (to be used for future annual report not	lification)
For further is	nformation c	oncerning this matter, please co	all:	
Barry E Hai	mo		954 599-7483 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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)
	iling Addres		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.C). Box 632	7	The Centre of	l'allahassee
Tal	llahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMG Venture WMT - JR, 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 $\frac{03/31/2021}{1}$	and assigned
Florida document number L21000150063		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BMG Solutions Je, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new registered
Name of New Registered Agent.	-	·
New Registered Office Address:	Enter Florida street	address
		. Florida Zip Code:
	City	, Florida Zip Code`:
New Registered Agent's Signature, if changing Registered Agent:	•	, <u></u>
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Sign	ature 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
			□Add
			Remove
			□ Change
		100	Remove
			□Change
			□Add
			□Remove
			□Remove
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			∏C'hanve

Effective date, if other than the date of filing:	
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	90th day after the
ated August 20 2021	
Barry E. Haimo, Esq.	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00