## h21000170049

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## **COVER LETTER**

TO: Registration So Division of Cor			
BMG SOL SUBJECT:	UTIONS BH, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Barry E Haimo		
	<del></del>	Name of Person	
	Haimo Law		
		Firm/Company	
	\$201 Peters Road Suite 10	00	
		Address	****
	Plantation FL 33324		
	doc@haimolaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	lication)
For further information c	concerning this matter, please ca	all:	
Barry E Haimo		954 599-7483 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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		Street Address:	ation
Registration ! Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMG SOLUTIONS BH, LLC		
( <u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/12/2021	and assigned
Florida document number 1.21000170044	<b>→</b> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
BMG VENTURE WMT - BH, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	2
		122 F
		EB
Enter new mailing address, if applicable:		1 -
(Mailing address MAY BE A POST OFFICE BOX)		
		D 0, ≡ <b>U</b>
		30
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:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	. Fle	orida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

NA COLUTIONS NO. 11 C

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 Changing Registered Agent, Signature of New Registered Agent

is a such a supported Darson(s) authorized to manage enter the title, name, and address of each person being added

or removed from our records:	authorized to manage, enter the title, name, and a	duress of each person being added
MGR = Manager AMBR = Authorized Member		
Title Name	<u>Address</u>	Type of Action

<u>i me</u>	Name	Address	1 vpc of treatment
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lf an effe <u>Note:</u>	c date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
	anuary 31 2022
Dated _	
Dated _	
Dated _	Signature of a probaber or authorized representative of a member

Filing Fee: \$25.00