

# L22000158169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

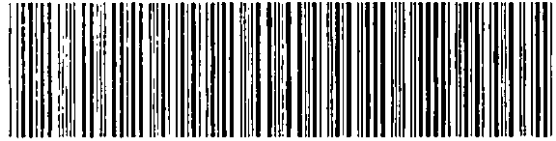
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



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CLERK  
TALLAHASSEE, FLORIDA

2022 JUL 29 PM 3:43

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUL 29 AM 9:11

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160

AMOUNT 60.<sup>00</sup>

AUTHORIZATION SIGNATURE: \_\_\_\_\_

James Lee

BM Concept 4400 LLC

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy of Articles

☒ Certificate of Status certified copy

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**

**AMMENDMENTS**

☒ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Merger  
\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT 160.<sup>00</sup>

AUTHORIZATION SIGNATURE: James R. Fullin  
BM Concept 4400 LLC  
BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait  
☐ Photocopy  
☐ Certified Copy of Articles  
☒ Certificate of Status certified copy

**NEW FILINGS**

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☐ Not for Profit  
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☐ Other  
☐ **CORP**

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☐ Fictitious Name

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☐ Foreign filing  
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☐ Reinstatement  
☐ Other

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BM Concept 4400 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:

Dr. Karen Kutikoff

\_\_\_\_\_  
Name of Person

BM Concept 4400 LLC

\_\_\_\_\_  
Firm Company

114 SE Rio Angelica

\_\_\_\_\_  
Address

Port St. Lucie, FL 34984

\_\_\_\_\_  
City/State and Zip Code

karenk.md@gmail.com

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

For further information concerning this matter, please call:

Dr. Karen Kutikoff

561

315-9775

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  
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

FILED  
2022 JUL 29 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

BM Concept 4400 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 April 14, 2022 and assigned  
Florida document number L22000158769

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:

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

**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.

Dated July 20, 2022

Karen Kutikoff  
Typed or printed name of signee

**Filing Fee: \$25.00**