L22000158169

Requestor's Name)
(Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer
AUG HORNE

Office Use Only



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TALLAHLSSEL FLORIDA



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE	
TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	•
PLEASE USE FUNDS FROM THIS ACCOUNT: AUTHORIZATION SIGNATURE: BM Concept 4400 LLC BUSINESS (Name) Docu	120210000160 AMOUNT 60. =
Book (Name)	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles	
V Certificate of Status Cortified C	opy
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitLimited LiabilityDomesticationOtherCORP	AmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL()Country	Other

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Document # Pick up time____ Walk in Will wait Mail out Photocopy **Certified Copy of Articles** Certificate of Status centified copy <u>AMMENDMENTS</u> **NEW FILINGS** ✓ Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP REGISTERATION/QUALIFICATIONS OTHER FILINGS Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other APOSTIL () Country EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

COVER LETTER

TO: Rep Div	gistration S vision of Co	ection rporations		
SUBJECT:	BM Conce	рт 4400 LLC		
		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence 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	to be used for future annual re-	
For further in	formation co	oncerning this matter, please of	·	юн поинсанов)
Dr. Karen Kı	itikoff		561 315-9	775
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclos	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Addi	
	istration S	Section orporations		on Section
	. Box 632			of Corporations re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BM Concept 4400 LLC

(Name of the Limited Lia	ability Company as it now appears on a prida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	y Company were filed on April 14,	2022 and assigned
Florida document number L22000158769		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	D D CCC.	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		
		· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or register gent and/or the new registered office address here: 	red office address on our records. :	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida

ed 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

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	Richard Degen	720 S. Colorado Blvd. Suite 1120N	_
		Denver, CO 80246	
			TChange
			□Add
			□Remove
			□Change
7			
			□Remove
			IChange
			= Add
			□Remove
			□Change
			□Remove
			Change
			DAdd
			Remove
			□(Change

Effective date, if other than the date of filing: July 20, 2022 (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant of State: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b focument's effective date on the Department of State's records.	
Effective date, if other than the date of filing: July 20, 2022 (optional) Fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable scantory tiling requirements.	
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	io 605.0207 e listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d is filed.	after the
Dated July 20 . 2022	
Signature of a member or authorized representative of a member	
Lucan Kut Kuff Typed or printed name of signer	.

Filing Fee: \$25.00