## L22000390386

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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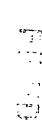


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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor			
SUBJECT: <u>BM</u>	Exclusive tra	well LC ited Liability Company	<del></del>
27	Annual and the state of the sta	of the Ch	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brand	lon Farach Name of Person	
	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
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		Address	, 2
	Mian	i PL 3315	7
		City/State and Zip Code	
	bnexclusivet	rasellic Pgmast	. Com.
			ication)
For further information c	oncerning this matter, please of	all:	
Brandon -	Tamole	305, 927	4664 - 20
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	· ·	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 9		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Bam Exclusive Trac (Name of the Limited Liability Compan- (A Florida Limited Lia	vel CC	1
(A Florida Limited Li	ability Company)	,
The Articles of Organization for this Limited Liability Company volume of Organization for this Limited Liability Company volume of Organization for the Articles of Organization for this Limited Liability Company volume of Organization for this Liability Company volume of Organization for Org	vere filed on <u>9/7/20</u> 3	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabil	ity company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023
Principal office address MUST BE A STREET ADDRESS)	NA	2
Inter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX)		: 2D
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:		
Name of New Registered Agent: DVM	don faraen	<u> </u>
New Registered Office Address: 1530 4	SW 108 ct Enter Florida street address  (m) Flor	
$\mathcal{M}^{\prime\prime}$	<i>lm</i> / Flor	ida <u>33</u> ,57
	City	Zip Code

Thereby 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.

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	Malena Madanaga	15304 8W 108 Ct	□Add
		15304 8W 108 ct Mami Fc 33157	Remove
			□Change
			□Add
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an effective date is listed, ote: If the date inserte		3/29/2023  The prior to date of filing or more that the applicable statutory filing requirecords.		
record specifies a delay is filed.	ved effective date, but not an eff	fective time, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
An	114 21	012		21
ated <u>HPn</u>	· //	<del>, 0 - 1</del>		[5] 2023 APR
	////	//ha		A ST
		N [ [ ] ]		
<del></del>	Signature of a member	or authorized representative of a m	ember	<u> </u>
	Signature of a member	Farach.	2 m	20 PH

Filing Fee: \$25.00