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COVER LETTER

Division of Cor	porations			
ВМ РНОЕ	NIX LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BEATRIZ M CESPEDES			
		Name of Person		-
	BM PHOENIX LLC			
		Firm/Company		- -
	6096 SAINT JULIAN DR			
		Address		
	SANFORD FL 32771			
		City/State and Zip Code		<u>.</u> ,
	BMPHOENIXLLC@GMA			-
	E-mail address: (to be used for future annual re	port notification)	: •
For further information c	concerning this matter, please c	all:		
BEATRIZ M CESPEDES		407 416- at ()	7510	
Name o	f Person	Area Code	Daytime Telephone Number	<u> </u>
P. F. J. J. J. J. C. J.				
Enclosed is a check for the				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Filing Fee, cate of Status & cd Copy and copy is enclosed)	
Mailing Addres Registration 5		<u>Street Add</u> Registrat	<u>Iress:</u> ion Section	
Division of C	Corporations	Division	of Corporations	
P.O. Box 632	7	The Cent	tre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BM PHOENIX LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Com</u> (A Florida Limite	i <mark>pany as it now appears on our rec</mark> ed Liability Company)	<u>:ords.</u>)		
The Articles of Organization for this Limited Liability Compare Florida document number L23000170702	ny were filed on <u>05/05/2023</u>	8	ınd assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "l	LLC" or the abbrevia	tion "L.L.	.C."
Enter new principal offices address, if applicable:		<u></u>	~3	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u>.</u> _
		· .		٠.
			$\frac{\Omega}{I}$	•
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
		,	22	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of t	he new	<u>registere</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	dress		
		. Florida		
	·	Zij	e Code	
New Registered Agent's Signature, if changing Registered Agen	n <u>t:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	ete performance of my duties is provided for in Chapter 60	and Lam famili 95, F.S. Or, if thi	iar with s docun	and nent is

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>	<u>Address</u>	Type of Action
MGR	ROBERT T NEWLAND CESPEDI	6096 SAINT JULIAN DR	□Add
		SANFORD, FL 32771	Remove
			Change
	 		□Add
			□Remove
			☐ Change
			☐Remove ☐U ☐Change
			□ Add
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ective date, if other than the date of filing:	/04/2023	a al'Alina az maza d	(option	nal)		5 (17)
ee: If the date inserted in this block does not meet the	he applicable s					
ument's effective date on the Department of State's	records.					
cord specifies a delayed effective date, but not an ef	fective time, a	t 12:01 a.m. on th	e earlier of: (b)	The 9	0th day afte	er th
s filed.			,		•	
ed MAY 02 202	23					
	·					
Signature of a member	>					

Filing Fee: \$25.00