L23000263672

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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	





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COVER LETTER

TO:

TO: Registration S Division of Co			
BFM CAF SUBJECT:	PITAL HOLDING LLC		
SUBJECT:	Name of Lin	uited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GUIRAND BEATRICE		
		Name of Person	
	BFM CAPITAL HOLDIN	G LLC	
		Firm Company	
	5443 WAUCHULA CT		
		Address	29
	ORLANDO, FL 32839) 17 E 1 C
		City/State and Zip Code	.)
	beatrice.guirand@yahoo.co		
	E-mail address: (to be used for future annual report not	_
For further information	concerning this matter, please c	all:	ယ္
Beatrice Guirand		321 217-7546 at ()	10
Name	of Person	Atea Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows the second status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	- 	<u>Street Address:</u> Registration Se	ection
Division of (Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFM CAPITAL HOLDING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lunite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L23000263672	ny were filed on 05/31/2023	and assigned
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 Lia	bility 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)		· · · · · · · · · · · · · · · · · · ·
		<u>:</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the	name of the new register
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agen	·	гу Соск
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity. I furthe te performance of my duties, and I s provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If C'h	anging Registered Agent. Signature of Ne	w 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	GUIRAND, BEATRICE	5443 WAUCHULA CT ORLANDO, FL 32839	■ Add
			□Remove
			= Change
MGR	MOREAU, ROXANE A	5443 WAUCHULA CTORLANDO, FL 32839	
			≡ Remove
			TChange
AP	MOREAU. CHRISTIE E	5443 WAUCHULA CTORLANDO. FL 32839	
			Change
			— ∰Add 1>
			□Remove
			Change
			□Remove
			= Change
			□ Remove
			Change

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