## L23000284443

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations			
BCS. Inves	tments, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tammy Bowman			
		Name of Person	<del> </del>	
	BCS, Investments, LLC			
		Firm/Company	<del></del>	
	1046 Lee Street	,		
		Address	<del></del>	
		7100100		
	Englewood, FL 34224			
	bowmante1@gmail.com	City/State and Zip Code		
		to be used for future annual report not	ufication)	
For further information of	oncerning this matter, please c	·		
Tammy Bowman		404 989-9113		
Name of Person		at () Area Code Daytin	ne Telephone Number	
		,	,	
Enclosed is a check for the	he 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 : Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations	
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCS, Investments, LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000284443</u>	mpany were filed on June, 12th, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
BCSRE Investments, LLC.		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u></u>	- 17
		788 B
Enter new mailing address, if applicable:		.F.S. 9
(Mailing address MAY BE A POST OFFICE BOX)		10 <u>10</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

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
<del></del>	Souvana Saya	5044 Meadow Brook Rd, Birmingham, AL 35242	🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
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			□Remove
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ŀ	lease change COO name from Souvana Saya to Souvana Williamson
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an eff <u>ote:</u>	we date, if other than the date of filing:
recor Lis fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
J 18 111	<i>)</i>
	June, 15th 2023
ated	
	(1) 1 4/2
	Sgnature of amember or authorized representative of a member
	Signature to a memory of authorized representatives a memory

Filing Fee: \$25.00