(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
J. HORNE APR 12 2025

Office Use Only



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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	K UP: MISTY 4/21
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
1.	BMGSC LLC	
	(CORPORATE NAME AND DOC	UMENT #)
2.		
	(CORPORATE NAME AND DOC	UMENT #)
3.		
	(CORPORATE NAME AND DOC	UMENT#)
4.		
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6.	(CORPORATE NAME AND DOC	13 03 7 0 45
	(CORPORATE NAME, AND DOC	UMP2N I #)
SPECIA	L INSTRUCTIONS:	····

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BMGSC LLC

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

·	• •
The Articles of Organization for this Limited Liab	oility Company were filed on 09/29/2023 and assigned
Florida document number	·
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	ne limited liability company here:
TYR HOME SERVICES LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	nw.
Maning address MAI BE A FOST OFFICE BO	<u></u>
	
B. If amending the registered agent and/or	registered office address on our records, enter the name of the
registered agent and/or the new registered offic	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address Florida

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:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		4	Remove
			Change
			☐ Remove
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ective date, if other than the effective date is listed, the date moter of the date inserted in this beament's effective date on the l	ist be specific and cannot lock does not meet the	be prior to date of e applicable statu	filing or more than 9	(optional) Days after filing.) Pursuments, this date will n	ant to 605.026 ot be listed a
record specifies a delaye he 90th day after the re	d effective date, locord is filed.	but not an eff	ective time, at	12:01 a.m. on th	ne earlier
ed _April 21	202	5 .			
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	Signature of a memoca	i or accuration executation	Cachitative of a mem	001	

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Page 3 of 3

Filing Fee: \$25.00