

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BGM FLORIDA REALTY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED

15 FEB -4 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -4 PM 12:38

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Corporate Filing Menu

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: BGM Florida Realty, LLC
2. Jurisdiction of its organization: Indiana
3. Date authorized to do business in Florida: 07/25/2012

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Miller-Lamb Enterprises, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

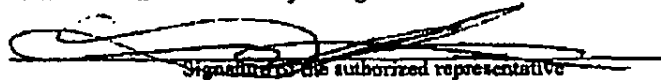
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: _____

Manager: Tamara J. Lamb

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Tamara J. Lamb

Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State
CERTIFICATE OF AMENDMENT
of
BGM FLORIDA, LLC

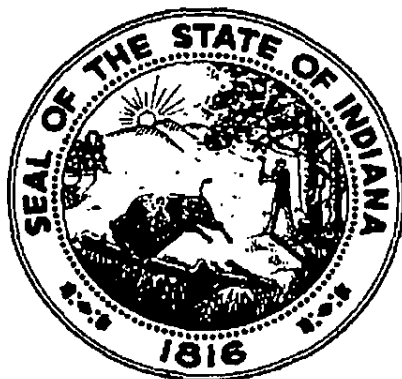
I, *Connie Lawson*, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

MILLER-LAMB ENTERPRISES, LLC

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TALLAHASSEE, FLORIDA

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, February 04, 2015.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 04, 2015

Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE