

L09000120513

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN -5 2009

EXAMINER

ROSCHER & ASSOCIATES, P.C.

ATTORNEYS-AT-LAW
901 N. GLEBE ROAD
SUITE 1005
ARLINGTON, VIRGINIA 22203

TEL: (703) 351-7730
FAX: (703) 351-9394

LAURENCE ROSCHER*
lroscher@roscherlaw.com
*ADMITTED IN MD, VA & DC

December 30, 2009

VIA UPS NEXT DAY AIR

Florida Department of State
Registration Section, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Articles of Amendment for BCI-WEST, LLC (the "Company")**

To Whom It May Concern:

Please file the attached Articles of Amendment for the referenced limited liability company on an expedited basis, and please issue a certified copy of the same and a Certificate of Status for the Company, and please send those documents, together with the evidence of filing to us using our Federal Express account no. 1080-0075-9. A check covering the filing of the Articles of Amendment, and the certified copy and the Certificate of Status in the amount of \$60.00 is enclosed. Please charge the cost of expedited service using the following MasterCard in the name of Roscher & Associates, P.C.: 5474 6301 4912 8233 (expires 08/011).

If you have any question or comment concerning the foregoing, please immediately contact me at (703) 351-7730.

Thank you for your prompt attention to this matter.

Very truly yours,



Laurence Roscher

Attachment
2995

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BCI-WEST, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurence Roscher, Esq.
Name of Person
Roscher & Associates, PC
Firm/Company
901 N. Glebe Road, Suite 1005
Address
Arlington, Virginia 22203
City/State and Zip Code
lroscher@roscherlaw.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Laurence Roscher, Esq. at (703) 351-7730
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BCI-WEST, 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 Liability Company were filed on December 18, 2009 and assigned Florida document number L09000120513.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

500 BCI-WEST, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 30, 2009.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Laurence Roscher, Esq.
Signature of a member or authorized representative of a member

Laurence Roscher, Esq.
Typed or printed name of signee