

MI0000000750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

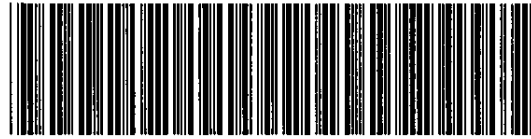
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000239617250

09/17/12--01051--015 \*\*60.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 16 AM 9:36

OCT 17 2012  
T. HAMPTON

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BBP & Associates LLC *Name Change*  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James L Prost

Name of Person

Vantage Point Development Advisors, LLC

Firm/Company

111 Annapolis Street

Address

Annapolis, MD 21401

City/State and Zip Code

jprost@vantagepointda.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Sumner

Name of Person

at ( 443 )

261-1992  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 OCT 16 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 18, 2012

JAMES L PROST  
VANTAGE POINT DEVELOPMENT ADVISORS  
111 ANNAPOLIS ST  
ANNAPOLIS, MD 21401

SUBJECT: BBP & ASSOCIATES LLC  
Ref. Number: M10000000750

We have received your document for BBP & ASSOCIATES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00023436

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION 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: BBP & Associates LLC

2. Jurisdiction of its organization: State of Maryland

3. Date authorized to do business in Florida: 2/16/2010

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

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 8/30/2012

5. New name of the limited liability company: Vantage Point Development Advisors, LLC  
(must end with "Limited Liability Company," "L.L.C.," 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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

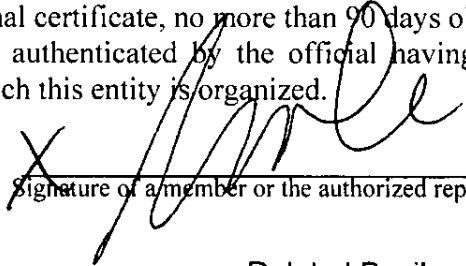
n/a

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a

9. Attached is an original certificate, 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 a member or the authorized representative of a member

Ralph J Basile, PRINCIPAL

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 16 AM 9:34

**CORPORATE CHARTER APPROVAL SHEET**

**\*\* EXPEDITED SERVICE\*\* \*\* KEEP WITH DOCUMENT \*\***

DOCUMENT CODE 41A BUSINESS CODE \_\_\_\_\_

# W13369087



Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging (Transferor) \_\_\_\_\_

ID: H-W13369087 ACK: H 1000362003775790  
PAGES: 0002  
VANTAGE POINT DEVELOPMENT ADVISORS, LLC  
  
08/30/2012 AT 03:57 P NO H 0004020399

Surviving (Transferee) \_\_\_\_\_

New Name Vantage Point Development Advisors, LLC

**FEES REMITTED**

Base Fee: 100  
Org. & Cap. Fee: \_\_\_\_\_  
Expedite Fee: 50  
Penalty: \_\_\_\_\_  
State Recordation Tax: \_\_\_\_\_  
State Transfer Tax: \_\_\_\_\_  
Certified Copies: \_\_\_\_\_  
Copy Fee: \_\_\_\_\_  
Certificates: \_\_\_\_\_  
Certificate of Status Fee: \_\_\_\_\_  
Personal Property Filings: \_\_\_\_\_  
Mail Processing Fee: \_\_\_\_\_  
Other: \_\_\_\_\_

- Change of Name
- Change of Principal Office
- Change of Resident Agent
- Change of Resident Agent Address
- Resignation of Resident Agent
- Designation of Resident Agent and Resident Agent's Address
- Change of Business Code
- Adoption of Assumed Name
- Other Change(s)

TOTAL FEES: 150

Credit Card  Check \_\_\_\_\_ Cash \_\_\_\_\_

Code \_\_\_\_\_

Documents on \_\_\_\_\_ Checks

Attention: \_\_\_\_\_

Approved By: 15

Mail: Name and Address \_\_\_\_\_

Keyed By: \_\_\_\_\_

RAI PH BOSILE  
111 ANNAPOLIS ST  
ANNAPOLIS MD 21401

COMMENT(S):

Stamp Work Order and Customer Number HERE  
  
CUST ID: 0002803819  
WORK ORDER: 0004020399  
DATE: 08-09-2012 08:22 PM  
AMT. PAID: \$150.00

*Vantage Point Development Advisors, LLC*  
(formerly BBP & Associates LLC)  
W13369087

now known as

*Vantage Point Development Advisors, LLC*

**AMENDED ARTICLES OF ORGANIZATION - CHANGE OF NAME**

The undersigned authorized person, pursuant to the provisions of the Maryland Limited Liability Company Act (Title 4A of the Corporations and Associations Article of the Annotated Code of Maryland, hereinafter referred to as the "Act"), hereby amends the articles of organization of this Maryland Limited Liability Company named above (the "LLC") and certifies to the Maryland State Department of Assessments and Taxation as follows:

FIRST: The name of the LLC is changed to: *Vantage Point Development Advisors, LLC*

SECOND: The address of the LLC's principal office in Maryland is:

111 Annapolis Street Annapolis MD 21401

THIRD: The name and address of the LLC's Resident Agent in Maryland is:

Ralph Basile at 111 Annapolis Street Annapolis MD 21401

I affirm and declare under penalties of perjury that is the authorized act of this LLC. I have been authorized by the members of this LLC to execute these Articles of Amendment on their behalf and the matters and facts set forth herein are true in all material respects.

Date: August 30, 2012

*Ralph Basile*  
Name: Ralph Basile, Authorized Person

**CONSENT OF RESIDENT AGENT**

I hereby consent to my designation and I agree to act as resident agent in Maryland for the LLC named above. I am a resident and citizen of the state of Maryland

Date: August 30, 2012

*Ralph Basile*  
Signature of: Ralph Basile  
Address: 111 Annapolis Street  
Annapolis MD 21401

CUST ID: 0002803819  
WORK ORDER: 0004020399  
DATE: 09-05-2012 06:22 PM  
AMT. PAID: \$150.00

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the page document on file in this office. DATED: 10-11-12

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:

BY: *[Signature]*, Custodian

This stamp replaces our previous certification system. Effective: 6/95