

06/18/2014 08:43 FAX

BOWEN, RADSON, SCHROTH

001/000

Division of Corporations

Page 1 of 2

**L13000076207**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000145435 3)))



H14000145435ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : BOWEN, RADSON, SCHROTH, P.A.  
Account Number : I20010000026  
Phone : (352) 589-1414  
Fax Number : (352) 589-1726

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

Email Address: bschroth@brslegal.com

2014 JUN 18 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED

14 JUN 18 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BHI PROPERTIES OF CENTRAL FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 19 2014

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000145435 3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BHI Properties of Central Florida, 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:

Derek A. Schroth

Name of Person

Bowen & Schroth, P.A.

Firm/Company

600 Jennings Avenue

Address

Eustis, FL 32726

City/State and Zip Code

dschroth@brslegal.com

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

For further information concerning this matter, please call:

Derek A. Schroth

Name of Person

at

(352) 589-1414

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

2014 JUN 18 AM 8:18  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H14000145435 3)))

**ARTICLES OF AMENDMENT(((H14000145435 3)))  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BHI PROPERTIES OF CENTRAL FLORIDA, 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 5/24/14 and assigned  
Florida document number L13000076207.

This amendment is submitted to amend the following:

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

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)

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 603, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Carrie Simmons	18501 Demko Road	<input type="checkbox"/> Add
		Altoona, FL 32702	<input checked="" 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

2014 JUN 18 PM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary) (((H14000145435 3)))

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 14

2014

Signature of a member or authorized representative of a member

Derek A. Schroth, Esq., Registered Agent and Attorney for  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2014 JUN 18 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H14000145435 3)))