

| · · · · · · · · · · · · · · · · · · · | |
|--|---------------|
| (Requestor's Name) | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| (Address) | |
| | |
| | • |
| · (Address) | |
| | |
| | |
| (City/State/Zip/Phone #) | |
| | - |
| | |
| PICK-UP WAIT MAIL | • |
| | |
| | • |
| (Business Entity Name) | • |
| | |
| | , |
| (Document Number) | |
| | 1 |
| 1111 | 1 |
| tified Copies Certifica es of Status | |
| <u> </u> | \mathcal{U} |
| "IN 23" | |
| rified Copies Certificates of status pecial Instructions to Filing Officer: | KIL |
| pecial Instructions to Filing Officer: | 11.7 |
| EXM | |
| | `~' |
| • | . |
| and the second of the second of the second | *. |
| | |
| | ·] |
| | . |
| | |
| | |
| | |



COVER LETTER

| TO: Registration Section Division of Corpo | | | : : | |
|--|--|--|------------------------|---|
| SUBJECT: | B&CFINANO | CIAL INVESTMENTS | . LLC | |
| SUBJECT: | | Limited Liability Company | | |
| | remonation of roman Sc | | , | |
| The enclosed Articles of Ar | nendment and fee(s) are | e submitted for filing. | | |
| Please return all correspond | ence concerning this m | atter to the following: | : | |
| , | : | | | |
| | • | Andre Baptiste | | - |
| | | Name of Person | | - |
| , manigate of the second second second | B&CI | FINANCIAL INVESTMEN | ITS, LLC | andrina i i i i i i i i i i i i i i i i i i |
| | | Firm/Company | | • |
| • | 14545 | S. MILITARY TRAIL, ST | : E I-130 | |
| | 14040 | Address | <u> </u> | - |
| | | | ! | |
| | DE | ELRAY BEACH FL 33484 | us | THE JUN 22 |
| | | City/State and Zip Code | • | 702 Z |
| | F mall addre | None | et rot(Gastian) | - 75. |
| and the second second | | Die Neutralie | in nonneation) | |
| For further information con | cerning this matter, plea | ase call: | | |
| | e Baptiste | at (561) | 504-0236 | |
| Name of P | erson | Area Code & | Daytime Telephone Numb | er |
| and the second second | | | | |
| Enclosed is a check for the | following amount: | | • | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Stati | us- S55.00 Filing Fee & Certified Copy (additional copy is er | Certific | iling Fee, cate of Status & ed Copy onal 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

| (Name of the Limited (A | Liability C Florida Lir | Company mited Lia | ns it | now ap Compai | pears o ly) | n our r | ecords.) | | _ | |
|---|----------------------------|----------------------|------------|------------------|----------------|--------------|----------|--------------|---------------|--|
| The Articles of Organization for this Limited Li Florida document numberL05000003 | • | mpany v | vere.fi | led on | | <u>1/11.</u> | /2005_ | ar | ıd assigr | ned |
| This amendment is submitted to amend the folio | wing: | | ٠. | . : | | : ! | | | | |
| A. If amending name, enter the new name of | the limite | d liabili | ity co | npany | <u>here</u> : | | | | : - | : 4 |
| B&C ROOFING | AND G | ENERA | AL CO | ONTR | ACTI | NG, L | LC T | - <u>-</u> ` | • | |
| The new name must be distinguishable and end wit "L.L.C." | h the words | "Limite | d Liab | ility Co | mpany, | " the de | signatio | n "LLC" o | r the abb | reviation |
| Enter new principal offices address, if applica | able: | | <u>n/a</u> | | | | • | | <u> </u> | |
| (Principal office address MUST BE A STREE | T ADDRE | <u>SS)</u> | | | •. | ļ | | 5.5 | <u> </u> | |
| • | | | | | | 1 | | | N | Harasan Harasan |
| Enter new mailing address, if applicable: | | | n/a | | | ; | | | AHE | m |
| (Mailing address MAY BE A POST OFFICE I | ROY) | .' | | | : | | | 7.3 | نة | Company of the Compan |
| B. If amending the registered agent and/or the new registered of | | | | dress | on our | recor | ds, ent | er the na | me of t | he new |
| Name of New Registered Agent: | n/a | | | N | | | | • | ٠ | |
| New Registered Office Address: | • | | - | <u>.</u> †4 | • | , , | 1: | | | |
| New Registered Office Address. | <i>-</i> | ,,,,, | | ., 4 | Eñter | Florid | a street | address | | |
| | | | | | | | Florida | | | |
| | | | City | -, | | 1 | _ , | 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 Type of Action **Title** Name | Address n/a ☐ Add Remove ☐ Add Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 16 2010 Dated

ANDRE BAPTISTE

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00