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Office Use Only



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2009 DEC 22 PH 12: 54
SEURETARY OF STATE

M. THOMAS

DEC 2 3 2009

**EXAMINER** 

## 12/21/09

### TO WHOM IT MAY CONCERN:

PLEASE FIND ENCLOSED THE DOCUMENTS REQUIRED TO REINSTATE THE LIMITED LIABILITY CORPORATION PREVIOUSLY KNOWN AS BCM ENTERPRISES, LLC. THIS CORPORATION EXPIRED AND IS BEING RENAMED AS BCM JOINT ENTERPRISES, LLC. THE STATE ID 20-2346579 AND CORPORATE ID L05000016312 ARE STILL VALID.

PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$421.25 FOR THE
REINSTATEMENT OF THE CORPORATION MINUS THE \$100 FEE AS WE DID NOT
RECEIVE NOTIFICATION OF THE EXPIRATION OF THE CORPORATION AND AN
ADDITIONAL FEE OF \$5.00 TO CERTIFY THE DOCUMENTS. (WE DID NOT
RECEIVE A GREAT MANY DOCUMENTS AT OUR FORMER LOCATION).

ADDITIONALLY PLEASE FIND A SECOND CHECK IN THE AMOUNT OF \$2500 TO CHANGE THE NAME OF OUR CORPORATION FROM BCM ENTERPRISES, LECTO BCM JOINT ENTERPRISES, LLC.

Thank you for your assistance with this matter.

Marla Houck

Maile Houck

Managing Member

673 Lake Drive, Suite A, Sebastian, FL 32958

772-633-871

# **COVER LETTER**

| TO:            | Registration Secti<br>Division of Corpo |   |  |   |
|----------------|---|---|--|---|
| SUBJE          | T: BCM                                  | ENTER PRISES                                  | ち,ししこ<br>ted Liability Company   | orig  |
| The enc        | losed Articles of Ar                    | nendment and fee(s) are sub                   | mitted for filing.   |   |
| Please r       | eturn all correspond                    | ence concerning this matter                   | to the following:  |   |
|                |   | Marla Ho                                      | Name of Person   |   |
| -              |   | BCM JOIN                                      | Firm/Company   | LC  |
|                |   | 673 Lake                                      | Drive, Suite A   |   |
|                |   |   | FL 32958 City/State and Zip Code   |   |
|                |   | paradisear                                    | cade & bell south.   | net Ex S  |
| For furt       | her information con                     | cerning this matter, please c                 | all:   | 2009 DEC 22 SECRETARY TALLAHASSE  |
| _M             | arla Hou<br>Name of P                   | CK<br>Person                                  | at (772) 633 - 8<br>Area Code & Daytime Te   | RY OF STATE   |
| Enclose        | d is a check for the                    | following amount:                             |  | ATE<br>NRIDA  |
| <b>☆</b> \$25. | 00 Filing Fee                           | \$30.00 Filing Fee &<br>Certificate of Status | all:  at (772) 633 - 8  Area Code & Daytime Te  Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                |   | G ADDRESS:                                    | STREET/COURIER Registration Section  | ADDRESS:  |

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

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BCM ENTERPR   | RISES LLC  |  |
|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company)        |  |
| The Articles of Organization for this Limited Liability Company Florida document number $\bot \phi 5 \phi \phi \phi i 6312$ | were filed on 2/16/2005 and assigned                               |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |  |
| BCM JOINT ENTER   | PRISES, LLC  |  |
| The new name must be distinguishable and end with the words "Lim"L.L.C."  | ited Liability Company," the designation "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:   | 673 Lake Drive, SuiTEA   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Sebastian, FLORIDA   |  |
| •   |  |  |
| Enter new mailing address, if applicable:   | SAME 53 2 F  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | SET TO   |  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her      | ffice address on our records, enter the name of the new            |  |
| Name of New Registered Agent: Maula   | R. Houck NA  |  |
| New Registered Office Address: 473 L  | Enter Florida street address                                       |  |
| _Sebg   | Stran Florida 32958  Zin 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

| Title       | Name             | Address   | Type of Action                |
|-------------|------------------|---|-------------------------------|
| <del></del> |                  |   | Add Remove                    |
|             | (NA)             |   | Add Remove                    |
| •           |                  |   | Add Remove                    |
|             | <u> </u>         |   | Add Remove                    |
| •           |                  |   | AddRemove                     |
| ·           |                  |   | AddRemove                     |
| D. If ar    |                  | er change(s) here: (Attach additional sheets, if nece | ssary.)                       |
|             | IN FORMATION / E | JOCUMENTS   |                               |
|             | 67.3             | 3 LAKE DRIVE SUITE                                    | ZOBO DEC                      |
|             | SET              | BASTIAN FL 32958                                      | 22<br>28<br>88E               |
| Dated_      | 12/21/09<br>Ma   | ula Houak   | PH 12: 54  OF STATE EFFLORION |
|             | Signature of     | a member or authorized representative of a member     |                               |
|             | ////             | Typed or printed name of signee                       | 3                             |
|             | •                | Page 2 of 2   | nothis                        |

Filing Fee: \$25.00