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(Requestor's Name)				
· (Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
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EXAMINER				

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

10:	Division of Co	
SUBJE	:ċт:	BLT + D INVESTMENTS (Name of Limited Liability Company)
The end	· closed Articles of	Amendment and fee(s) are submitted for filing.
Please	return all correspo	ondence concerning this matter to the following:
		DEBBIE STOUT (Name of Person)
		BLT+D TWVESTHENTS (Firm/Company)
		6469 NW 19th WAY (Address)
		PARKLAND FU 33067 (City/State and Zip Code)
For furt	her information c	concerning this matter, please call:
	DEBBIE (Name	at (56) AAI - 0721 of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the	he following amount:
\$25.	00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



January 29, 2008

DEBBIE STOUT 6469 NW 79TH WAY PARLAND, FL 33067

SUBJECT: BLT&D INVESTMENTS, LLC

Ref. Number: L06000037366

We have received your document for BLT&D INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 008A00006019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4/10

	iability Company as it now appears (lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lial	oility Company were filed on <u>4</u> 031366	11/06 and assigned
Γhis amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the state of the new name must be distinguishable and end with		
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company	y," the designation "LLC" or the abbreviation
3. If amending the registered agent and/or egistered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Ente	er 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.

	=	2	
(If Changing Registered Agent,	Signature of New Regi	st ere d A	gent)
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Page 1 of 2		P	
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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** ☐ Add Remove Add Remove □Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Š Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00