

L06000078751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

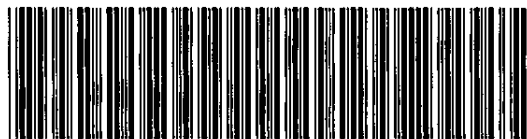
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. BRYAN

AUG 13 2012

EXAMINER

HIGLEY & SZABO, P.A.

Attorneys At Law

185 Waymont Court
Lake Mary, Florida 32746
www.higlaw.com

David A. Higley††
Erik F. Szabo*

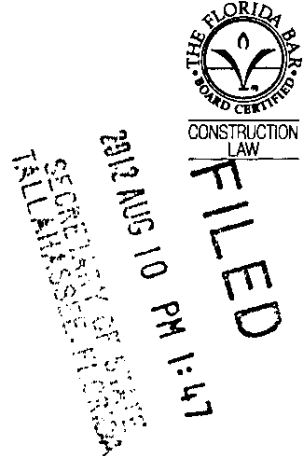
Telephone: (407) 389-7833
Facsimile: (407) 389-7838

††Admitted Also in NY and DC
*Board Certified Construction Attorney

August 7, 2012

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: **BFP Oviedo, LLC**
BFP Longwood, LLC
Our File 348000



Dear Sir/Madam:

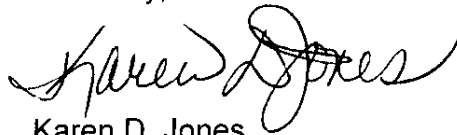
Enclosed please find the following:

1. Original and one copy of Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company as to BFP Oviedo, LLC;
2. Original and one copy of Articles of Amendment to Articles of Organization of BFP Longwood, LLC; and
3. Check in the sum of \$110.00.

It will be appreciated if you could file these documents and return a certified copy to this office at your earliest convenience.

Should you have any questions concerning this matter, please do not hesitate to contact our office.

Sincerely,


Karen D. Jones
Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BFP LONGWOOD, 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:

ERIK F. SZABO

Name of Person

HIGLEY & SZABO, P.A.

Firm/Company

185 WAYMONT COURT

Address

LAKE MARY, FL 32746

City/State and Zip Code

erik@higlaw.com

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

For further information concerning this matter, please call.

ERIK F. SZABO

Name of Person

at (407)

389-7833

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

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BFP LONGWOOD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/09/2006 and assigned
Florida document number L06000078751.

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 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:

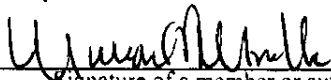
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL P. MUELLER	371 W. MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JULIO A. VARELA	371 W. MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUSAN M. MUELLER	371 W. MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BFP LEASING, INC.	371 W. MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 8/2, 2012



Signature of a member or authorized representative of a member

MICHAEL P. MUELLER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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