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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 22 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BHBT International Services 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:

**Craig Becton**

Name of Person

**BHBT International Services LLC**

Firm Company

**6910 West Waters Ave Ste 614**

Address

**Tampa, FL 33634**

City State and Zip Code

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

For further information concerning this matter, please call:

**Craig Becton**

Name of Person

at ( **813** )

**374 8302**

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  
TALLAHASSEE, FLORIDA

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

**BHBT International Investments LLC**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/28/2006 and assigned  
Florida document number L06000095706

This amendment is submitted to amend the following:

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

**BHBT International Services LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

6910 West Waters Ave Ste 614

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa, FL 33634

**Enter new mailing address, if applicable:**

6910 West Waters Ave Ste 614

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa, FL 33634

**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:**

6910 W WATERS AVE

STE 614

TAMPA, FL 33634

la 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	JAMES HOPKINS	2003 E Caracas St Tampa FL 33610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ZELANDIA, JUAN C	2003 E Caracas St Tampa FL 33610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BECTION, CRAIG	6910 West Waters Ave Ste 614 Tampa, FL 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ZHANG, ZHIJIE	6910 West Waters Ave Ste 614 Tampa FL 33634	<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 \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Craig Becton

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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