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DIVISION OF CORPORATE AFFAIRS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BF INV 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:

LYNN CRIE
Name of Person

BF INV LLC
Firm/Company

330 Alcove Drive
Address

Groveland, Florida 34736
City/State and Zip Code

lcmontez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN CRIE at (352) 638-1504
Name of Person Area Code Daytime Telephone Number
(OR) Lori Montez at 352 552-6919

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
check 1381 | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

BF INV LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Walter Beard	15822 Tower View Dr	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Menda Street	15822 Tower View Dr	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DON C Montez III	16108 Kealan Circle	<input checked="" type="checkbox"/> Add
		Montverde, FL 34756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lori C Montez	16108 Kealan Circle	<input checked="" type="checkbox"/> Add
		Montverde, FL 34756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 8, 2017

Lynn Crie
Signature of a member

Signature of a member or authorized representative of a member

Lynn Crie

Typed or printed name of signee