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BEVISION OF THE SECURITY

O SIMMONS NOV 1 4 2017 ·

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:
Name of Person
BF INV LLC Firm/Company
330 Alcove Drive
Groveland, Florida 34736 City/State and Zip Code Compostez @ amail. com E-mail address: (to be used to future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Dynn Cric at (352) 638-1504 Name of Person Area Code Daytime Telephone Number OR) Lori Montecz at 352 552-6919
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BF INV LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on tability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on \underline{D} ce	inter 29 2006 and assign	gned
Florida document number \(\lambda \text{OLOOV123215} \)		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	<u> </u>	
N/n		ASIC NO.	1
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			ن ب <u>ب</u> دء
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	lice address on ou ∷	ir records, <u>enter the name o</u>	f the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	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 605, 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 Authorized Person(s) authorized to manage	, enter the title, name	e, and address of eac	h person being	z added
or removed from our records:				

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Walter Beard 15822 Tower View DR AMBR □ Add Clermont, FL 34711 Remove ☐ Change Menda Street Ambr 15822 Tower View Dr Clermont, EL 34711 16 108 Kealan Circle AMBR DON C Maltez III Montreade, FL 34756 ☐ Remove □ Change 16108 Kealan Circle Lori C Montez AMBR Montrerde, FL 34756 ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

, , ,	
	PH 3: 21
Effective date, if other than the date of filing:	ing or more than 90 days after filing.) Pursuant to 605.0207 (
he record specifies a delayed effective date, but not an effective factor the fective date.	ctive time, at 12:01 a.m. on the earlier of:
Dated November 8, 2017	
Dated November 8, 2017 Lynn Ciel Signature of a member or authorized representations.	entative of a member
Lynn Crie. Typed or printed name of s	

Page 3 of 3

Filing Fee: \$25.00