# 107000090494

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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**EXAMINER** 



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2008

BLAYNE DAVIS P.O. BOX 9648 NAPLES, FL 34101

SUBJECT: BD INTERNATIONAL HOLDINGS, LLC

Ref. Number: L07000090494

We have received your document for BD INTERNATIONAL HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title that must be listed in part c of the application is manager or managing 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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 908A00003759

PO POV 6397 Tallahaggas Florida 39314

## **COVER LETTER**

Pro: Registration Section Division of Corporation	rations			
SUBJECT: $\mathbb{Z}_{\mathcal{D}}$	Internation	n1 HOLDINGS	LLC	
	(Name of Lim	ited Liability Company)		
The enclosed Articles of An		-		
Please return all correspond	ence concerning this matter	to the following:		
	BLAY	(Name of Person)  FRANKAI HUIDIO		
	_	(Name of Person)		
	BD INTO	Ennetral Holds	ubs LCC	
		(Firm/Company)		
	P.O.	Bux 9648		
		(Address)	<del></del>	
·	NAPle	(City/State and Zip Code)		
For further information con-	cerning this matter, please c	all:		
Blogget S. (Name of I	Person)	at (239) 182 - 9 (Area Code & Daytime	7978 Telephone Number) HASSI	Secondary Secondary Secondary Secondary
Enclosed is a check for the	following amount:		mc	ال غا إ
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feet Control of Startis & Control of	Land Market

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

BD INTO	notional	MOLDINAS	LLC	
(Name of the Limited I	Liability Company as it Florida Limited Liability	now appears on our records. Company)	)	
The Articles of Organization for this Limited Lia Florida document number <u>L y 7 b f b</u>		, ,	and assig	ned
This amendment is submitted to amend the follow.	wing:			
A. If amending name, enter the new name of	the limited liability co	mpany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	oility Company," the designation	on "LLC" or the ab	breviation
B. If amending the registered agent and/o registered agent and/or the new registered off		ldress on our records, ent		the new
			2000 FEB SECRET	
Name of New Registered Agent:			B+8	1
New Registered Office Address:		(Enter Florida stree	et address) =	
		, Florid:	STATE OF	
	(City	9	F(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 **Type of Action Address** Title Name Managing Member 10224 GATURBAJCT \_\_\_ Add Kemove Munaging BLAGNE DAVIS ☐ Remove MELANIE DAVES Remove Add Remove ■Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) hature of a member or authorized representative of a member BLAYNE Son DAVES
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00