

LO8000078542

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EXAMINER

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08 AUG 26 PM 1:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 686640 7664748

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 14, 2008

ORDER TIME : 11:43 AM

ORDER NO. : 686640-001

CUSTOMER NO: 7664748

AMENDMENT FILING

NAME: BELLEAIR VENTURE PARTNERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

**BELLEAIR VENTURE PARTNERS, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 8/18/2008

Florida document number L08000078542

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)**

2840 W Bay Drive #357

Belleair Bluffs, FL, 33770

Enter new mailing address, if applicable:

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

2840 W Bay Drive #357

Belleair Bluffs, FL, 33770

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)**

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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

Title	Name	Address	Type of Action
MGRM	WILLIAM A. CARROZZA	2840 W BAY DRIVE #357 BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAM A. CARROZZA	2840 W BAY DRIVE #357 BELLEAIR BLUFFS FL 33770	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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Add  
Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 8-25, 2008

Carl Lefebvre  
Signature of a member or authorized representative of a member  
Carl Lefebvre  
Typed or printed name of signer