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G. MCLEOD

DEC 20 2011

EXAMINER



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12/19/11--01029--002 \*\*25.00

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11 DEC 19 PM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



WRIGHT, FULFORD, MOORHEAD & BROWN  
ATTORNEYS

WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.  
505 MAITLAND AVENUE / SUITE 1000 / ALTAMONTE SPRINGS, FL 32701  
407 425 0234 PHONE / 407 425 0260 FAX / [www.wfmblaw.com](http://www.wfmblaw.com)

December 15, 2011

**Via U.S. Mail**

Division of Corporations  
Attention: Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: The Bacaura Group, LLC**

To Whom It May Concern:

Enclosed please find an original Cover Letter and Articles of Amendment to Articles of Organization regarding the above-referenced matter. Also enclosed is my firm's check number 3693 in the amount of \$25.00 for your filing fee of same. Please process the enclosed and forward a stamped copy of same to my office in the enclosed, self-addressed, stamped envelope.

Thank you for your attention to this matter. Should you have any questions, please contact me.

Sincerely,

Collin W.L. McLeod  
[cmcleod@wfmblaw.com](mailto:cmcleod@wfmblaw.com)

CWLM/tnr  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Bacaura Group, 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:

Collin W.L. McLeod

Name of Person

Wright, Fulford, Moorhead & Brown, P.A.

Firm/Company

505 Maitland Avenue, Suite 1000

Address

Maitland, Florida 32701

City/State and Zip Code

cmcleod@wfmblaw.com

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

For further information concerning this matter, please call:

Collin W.L. McLeod

Name of Person

at ( 407 )

425-0234

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

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

The Bacaura Group, 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 09/04/2008 and assigned  
Florida document number L08000084406.

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)**

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

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

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TALLAHASSEE, FLORIDA

**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**

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	Barrie Freeman	2 South U.S. Highway 17-92 Debarry, Florida 32713	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sara M. LeMone	2 South U.S. Highway 17-92 Debarry, Florida 32713	<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

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

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

Dated DECEMBER 15, 2011.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Collin W.L. McLeod

\_\_\_\_\_  
Typed or printed name of signee