

L 08 000 104475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

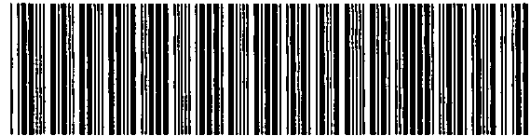
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B. KOHR

JUL 19 2012

EXAMINER



400237548864

07/18/12--01008--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 18 PM 1:34

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BHB IMPORT, 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:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 18 PM 1:34

JOHN CERULLO
Name of Person

Firm/Company

570 TAXTER ROAD, SUITE 349
Address

ELMSFORD, NEW YORK
City/State and Zip Code

JCERULLO@CERULLOCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CERULLO at (**914**) **332-4040**
Name of Person 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

BHB IMPORT, LLC

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 18 PM 1:34

The Articles of Organization for this Limited Liability Company were filed on 11/10/2008 and assigned
Florida document number L08000104475.

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:

123 BAY PLZ

(Principal office address MUST BE A STREET ADDRESS)

TREASURE ISLAND

FLORIDA 33706

Enter new mailing address, if applicable:

123 BAY PLZ

(Mailing address MAY BE A POST OFFICE BOX)

TREASURE ISLAND

FLORIDA 33706

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:

HENDRIK BISANZ

New Registered Office Address:

123 BAY PLZ

Enter Florida street address

TAMPA

Florida

33706

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.

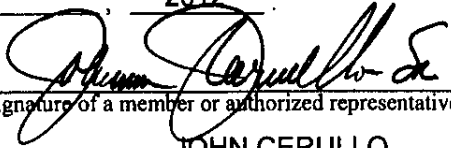
H. Bisanz
If Changing Registered Agent, Signature of New Registered Agent

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	BOHANNON, BRIDGET	704 SEAGATE DRIVE TAMPA, FLORIDA 33602	<input type="checkbox"/> Add <input checked="" 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 12, 2012


Signature of a member or authorized representative of a member
JOHN CERULLO

Typed or printed name of signee