

# L09000053572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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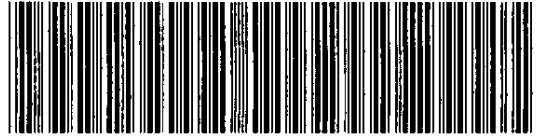
(Business Entity Name)

(Document Number)

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2009 JUL 16 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 17 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BCC Investments at Black Bear I, 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:

Libby Restuccio

Name of Person

Firm/Company

425 W. Colonial Dr., Ste. 204

Address

Orlando, FL 32804

City/State and Zip Code

Libby@semperwoods.com

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

For further information concerning this matter, please call:

Libby Restuccio

Name of Person

at ( 407 )

650-8133

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**

**FILED**

2009 JUL 16 PM 2: 24

**BCC Investments at Black Bear I, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 2, 2009 and assigned Florida document number L09000053572.

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)**

425 W. Colonial Dr.

Ste. 204

Orlando, FL 32804

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

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

425 W. Colonial Dr.

Ste. 204

Orlando, FL 32804

**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:**

Jonathan D. Woods

**New Registered Office Address:**

425 W. Colonial Dr., Ste. 204

*Enter Florida street address*

Orlando

*City*

Florida

32804

*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, 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:

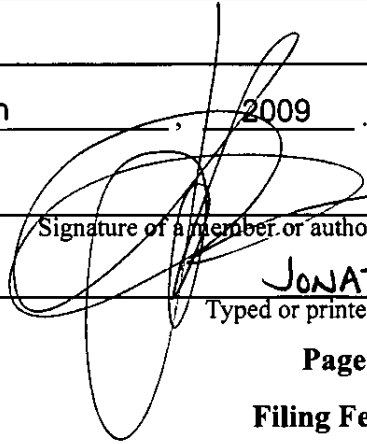
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Master Acq. & Invest. Co.	1053 Maitland Cntr Commons Blvd. Ste. 200 Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Hightower Fin. Services	1053 Maitland Cntr Commons Blvd. Ste. 201 Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jonathan D. Woods	425 W. Colonial Dr. Ste. 204 Orlando, FL 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Tammie C. Woods	425 W. Colonial Dr. Ste. 204 Orlando, FL 32804	<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

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

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

Dated July 15th, 2009



Signature of a member or authorized representative of a member

JONATHAN D. WOODS

Typed or printed name of signee

2009 JUL 16 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED