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C. LEWIS

JUL 1 7 2009

EXAMINER

COVER LETTER

Division of Co	rporations					
% SUBJECT:	BCC Investment	s at Black Bear II, LLC				
	Name of Limit	ted Liability Company	-			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Libby Restuccio				
•		Name of Person				
		Firm/Company				
	425	425 W. Colonial Dr., Ste. 204				
-	•	Address				
•	Orlando, FL 32804 City/State and Zip Code					
	Libb	by@semperwoods.com	ation)			
For further information	concerning this matter, please c		allon			
Libby Restuccio		ai (···)	550-8133			
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

'TO: Registration'Section

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

BCC Inve	stments at	Black Bear II,	111.	L 16 PM 2: 28	
(Name of the Limited L (A F	iability Compar lorida Limited L	iv as it now appears iability Company)		ETARY OF STATE HASSEE, FLORIDA	
Гhe Articles of Organization for this Limited Liab	oility Company	were filed on	June 2, 2009	and assigned	
Florida document number L09000535	77				
This amendment is submitted to amend the follow	/ing:				
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here	:		
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability Compan	y," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicat	ole:	425 W. Colonia	al Dr.		
(Principal office address MUST BE A STREET ADDRESS)		Ste. 204			
		Orlando, FL 32804			
Enter new mailing address, if applicable:		425 W. Colonia	al Dr.		
(Mailing address MAY BE A POST OFFICE BOX)		Ste. 204			
	Orlando, FL 32804				
B. If amending the registered agent and/or registered agent and/or the new registered offi	_		ır records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Jonathan D. Woods				
New Registered Office Address:	425 W. Colonial Dr., Ste. 204				
	Enter Florida street address				
			, Florida	32804	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
		Λ			

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. It hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Master Acq. & Invest. Co.	1053 Maitland Cntr Commons Blvd. Ste. 200 Maitland, FL 32751	Add ✓ Remove
MGR_	Hightower Fin. Serivces	1053 Maitland Cntr Commns Blvd. Ste. 201 Maitland FL 32751	Add Remove
MGR_	Jonathan D. Woods	425 W. Colonial Dr. Ste. 204 Orlando, FL 32804	Add Remove
MGR_	Tammie C. Woods	425 W. Colonial Dr. Ste. 204 Orlando, FL 32804	✓ Add Remove
· ·			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
_ _ _		T	2009 JUL 16
Dated		er or authorized representative of a member	6 PM 2: 29
	Туре	JONATHAN D. WOODS d or printed name of signee	<u></u>

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Filing Fee: \$25.00