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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

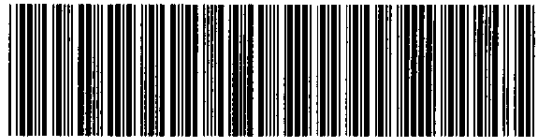
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FILED  
JAN 4 PM 5:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JAN 5 2010  
EXAMINER

**ROSCHER & ASSOCIATES, P.C.**

ATTORNEYS-AT-LAW  
901 N. GLEBE ROAD  
SUITE 1005  
ARLINGTON, VIRGINIA 22203

TEL: (703) 351-7730  
FAX: (703) 351-9394

**LAURENCE ROSCHER\***

[lroscher@roschertlaw.com](mailto:lroscher@roschertlaw.com)

\*ADMITTED IN MD, VA & DC

December 30, 2009

***VIA UPS NEXT DAY AIR***

Florida Department of State  
Registration Section, Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Articles of Amendment for BCI-PH, LLC (the "Company")**

To Whom It May Concern:

Please file the attached Articles of Amendment for the referenced limited liability company on an expedited basis, and please issue a certified copy of the same and a Certificate of Status for the Company, and please send those documents, together with the evidence of filing to us using our Federal Express account no. 1080-0075-9. A check covering the filing of the Articles of Amendment, and the certified copy and the Certificate of Status in the amount of \$60.00 is enclosed. Please charge the cost of expedited service using the following MasterCard in the name of Roscher & Associates, P.C.: 5474 6301 4912 8233 (expires 08/011).

If you have any question or comment concerning the foregoing, please immediately contact me at (703) 351-7730.

Thank you for your prompt attention to this matter.

Very truly yours,



Laurence Roscher

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BCI-PH, 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:

Laurence Roscher, Esq.  
Name of Person

Roscher & Associates, PC  
Firm/Company

901 N. Glebe Road, Suite 1005  
Address

Arlington , Virginia 22203  
City/State and Zip Code

lroscher@roscherlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurence Roscher, Esq. at ( 703 ) 351-7730  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**BCI-PH, LLC**

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

**FILED**  
JAN 24 PM 5:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 18, 2009 and assigned

Florida document number L09000120521

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

500 BCI-PH, LLC

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)**

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

**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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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JAN 5 25  
PM 5:25  
CLERK OF SUPERIOR COURT  
JAN 5 25  
PM 5:25  
CLERK OF SUPERIOR COURT

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

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

Dated December 30, 2009.

Laurence Roscher, Esq.  
Signature of a member or authorized representative of a member

Laurence Roscher, Esq.  
Typed or printed name of signee