L09000121191

(Re	questor's Name)	"
, (Ad	dress)	W-L
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600187685846

11/16/10--01007--011 **25.00

SUFFICIENCY OF FILING

DEPARTMENT OF STATE OF STATE OF CORPORATION OF CORPORATION OF CORPORATION OF STATE O

DIVISION 16 PM 2: 2

B. KOHR NOV 1 6 2010

EXAMINER

Smith Thompson Requester's Name	& show		ON SECOND
City/State/Zip	893-4163 Phone #		ONO 16 84 C.
•			Office Use Only
ORPORATION NAME(S) &	DOCUMENT NUM	IBER(S), (if I	known):
(Corporation Name)	. (I	Document #)	
(Corporation Name)	<u>(1</u>	Document #)	<u></u>
(Corporation Name)	(I	Document #)	· · · · · · · · · · · · · · · · · · ·
(Corporation Name)	1)	Document #)	
☐ Walk in ☐ Pick up	time	<u>.</u>	Certified Copy
Mail out Will wa	it Photoc	юру	Certificate of Status
NEW FILINGS	<u>AMEND</u>	<u>MENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Resig	nge of Register olution/Withd	
OTHER FILINGS	REGIST	RATION/QU	<u>JALIFICATION</u>
Annual Report Fictitious Name	Rein:	ted Partnershi statement emark	p

Examiner's Initials

CR2E031(7/97)

TO ARTICLES OF ORGANIZATION OF



BU	JILT CLOT	HING, LLC		5	
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appear ability Company)	s on our records.)		
· ·		,,			
The Articles of Organization for this Limited Liab	bility Company	were filed on	12/22/2009	and assigned	
Florida document numberL090001211	91				
This amendment is submitted to amend the follow	ving:				
A 16):t.,			
A. If amending name, enter the new name of t	ne ilmited nadi	nty company ner	<u>e</u> :		
The new name must be distinguishable and end with	ab	-11 inhitin Commo		C" or the abbreviation	
"L.L.C."	the words Limit	ed Liability Compa	my, the designation Li	C of the abbleviation	
Enter new principal offices address, if applicat	hla•	3520 Thomas	sville Road, 4th Flo	mr	
(Principal office address MUST BE A STREET		Tallahassee, FL 32309			
(Principal Office address MOST BE A STREET	<u>ADDRESS)</u>	ranariassee,	T L OLOGO		
			, , , , , , , , , , , , , , , , , , ,		
Data a compatition of durant if a policebles		2520 Thomas	wille Road, 4th Flo	vor	
Enter new mailing address, if applicable:		3520 Thomasville Road, 4th Floor Tallahassee, FL 32309			
(Mailing address MAY BE A POST OFFICE BOX)		ralialiassee,	FL 32303		
B. If amending the registered agent and/or	registered off	ice address on o	our records, enter th	e name of the nev	
registered agent and/or the new registered offi					
Name of New Registered Agent:	DANIEL E. M	MANAUSA, ES	Q.	····	
New Registered Office Address:	3520 Thoma	sville Road, 4t	h Floor		
ivew registered Office Address:		ter Florida street addr	ess		
	TAI	LAHASSEE	, Florida	32309	
	City	, 1° 101 164	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

II amenung the managers of managing members on our records, enter the title, name, and address of cach manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Type of Action Address** Name MGR MARK MCHAFFIE 2002 FLORIDA AVENUE ☐ Add ✓ Remove Tallahassee, FL 32303 BUILT INVESTORS, LLC MGRM 3520 Thomasville Road, 4th Floor ✓ Add Tallahassee, FL 32309 Remove ___ Add Remove

> ☐ Add ☐ Remove

__Add __Remove

∏Add ☐Remove

D.	If am	ending any	other i	nformation, enter	change(s) here:	(Attach additional sheets, if necessar	y.)
	,						.
			1,0				
Dat	ed	לון 11	110	Mand	Mal		
		<u> </u>		MALK	meliber or authorize MCHAFFIE Typed or printed n	zed representative of a member	

Page 2 of 2

Filing Fee: \$25.00