

**L10000002663**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2011 MAY 24 AM 11:13  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

C. LEWIS

MAY 25 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BKS BUSINESS SERVICES 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:

THOMAS M CALCATERRA

Name of Person

BKS BUSINESS SERVICES LLC

Firm/Company

1310 OXBRIDGE DR

Address

LUTZ FL 33549

City/State and Zip Code

TCALCATERRA@TOJOFINANCIAL.COM

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

For further information concerning this matter, please call:

THOMAS M CALCATERRA

Name of Person

at ( 727 )

423-6679

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**

**2011 MAY 24 AM 11:18**

**BKS BUSINESS SERVICES 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 JANUARY 8 2010 and assigned  
Florida document number L10000002663.

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:

1739 E HILLSBOROUGH AVE

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA FL 33610

Enter new mailing address, if applicable:

1310 OXBRIDGE DR

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

LUTZ FL 33549

**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:

THOMAS M CALCATERRA

New Registered Office Address:

1310 OXBRIDGE DR

*Enter Florida street address*

LUTZ

, Florida

33549

*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:

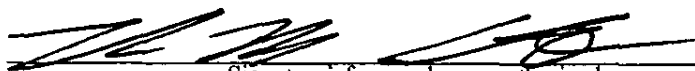
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THOMAS M CALCATERRA	1310 OXBRIDGE DR LUTZ FL 33549	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BECKY K SILAS	438 MAPLE POINTE SEFFNER FL 33584	<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
			<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 5/23/2011



Signature of a member or authorized representative of a member

Thomas M. Calcaterra

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 24 AM 11:10

FILED