L10000014848

(Re	questor's Name)	
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DEPARTMENT OF STATE
DIVISION OF CORPORATION

CORLCNC

B. KOHR NOV - 8 2010

EXAMINER

DIVISION OF CORPORATIONS

10 NOV -8 PM 3: 29



ON SERVICE COMPANY				. •
ACCOUNT NO.	:	12000000	195	^
REFERENCE	:	569724	4338458	10 S
AUTHORIZATION	:			O State
COST LIMIT	:	\$ 25.00	Spile	
ORDER DATE : November 8, 2010				(
ORDER TIME : 1:11 PM				
ORDER NO. : 569724-005				
CUSTOMER NO: 4338458				
DOMESTIC AMI NAME: BV WOODCREEK, I			<u>IG</u>	
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOM	RPO	RATION		
PLEASE RETURN THE FOLLOWING AS I	PRO	OF OF FIL	ING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STAI	NDI	NG		
CONTACT PERSON: Jeanine Reynold	ds	EXT# 29	933	

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BV WO	ODCREEK, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appe	ars on our records.)	
(A Florida L	imited Liability Company)	0
The Articles of Organization for this Limited Liability Co	ompany were filed on	2/8/2010	and signed to the signed and sign
Florida document number <u>L10000014848</u>	,		5 TO 3
Torres document hambor	— '		
This amendment is submitted to amend the following:	•		3
A. If amending name, enter the new name of the limi	ted liability company h	ere:	َ بِي
			69
BV COLUM			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Mutting utatess MAT DEAT OST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street ad	ldress)
		, 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

		Address	Type of Actio
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Page 2 of 2

Filing Fee: \$25.00