## L10000036374

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TALLAHASSEE, FLORID!

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## **COVER LETTER**

TO: Registration Secti Division of Corpo	on rations			
	BEAR RIDGE CORPORATE CENTER LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of An	nendment and fee(s) are submitted for filing.			
Please return all correspond	ence concerning this matter to the following:			
	Denise N. Murphy, Esquire		,	-
	Name of Person		•	
	Denise N. Murphy, P.A.			
	Firm/Company			
,	531 Main Street, Suite C	SEC	200	
	Address	是商	⋛	7
	Safety Harbor, FL 34695	355Y 437I	原相 JUL 26 PM 12:58	
	. City/State and Zip Code	्रां का स्याम	70	17
अध्यक्षणान् । १००		101. 7.5.	25	
	E-mail address: (to be used for future annual report notification)	83	S	
For further information con-	cerning this matter, please call:			
Denise	N. Murphy at ( 727 ) 725-8101			
Name of P	erson Area Code & Daytime Telephone Number	1		
			·	
Enclosed is a check for the	following amount:		;	•
\$25.00 Filing Fee [	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Fil  Certificate of Status Certified Copy Certifica  (additional copy is enclosed) Certified  (additional copy is enclosed)	te of Sta l Copy	itus &	sed)

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

Bear Ridge Corpo	rate Center,	LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appe iability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	April 9, 2010	and assigned	
Florida document number L0000036374				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:	•	
			F 12	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Com	pany," the designation	"LC" or the abbreviation	
Enter new principal offices address, if applicable:	- 18 m · ·		25 2	
(Principal office address MUST RE A STREET ADDRESS)	<del></del>		7 TA	
•			7 X X	
			: <b>5</b>	
Enter new mailing address, if applicable:			Trox	
(Mailing address MAY BE A POST OFFICE BOX)				
	•			
B. If amending the registered agent and/or registered of		our records, enter	the name of the new	
registered agent and/or the new registered office address her	<u>.</u>		• .	
	*			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	E	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.

MGR = Mana MGRM = Man	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Richard Massell	1041 Harbor Lake Drive Safety Harbor, FL 34695	Add Remove
	·		Add Remove
			Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
· ·	· ·	STEP STATE OF THE	Add Remove
•	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	Add
			<del>-</del> -
Dated		orney for Bear Ridge Corporate Center, L	

Page 2 of 2

Filing Fee: \$25.00