

L10000037650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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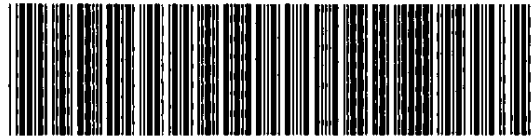
(Business Entity Name)

(Document Number)

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2010 JUN -1 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 2 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BJB Family I, 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:

Bill McIntyre

Name of Person

Firm/Company

4207 SW High Meadow Ave.

Address

Palm City, FL 34990

City/State and Zip Code

bmcintyre@wcmpa.com

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

For further information concerning this matter, please call:

Bill McIntyre

Name of Person

at ( 772 )

288-3000

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

2010 JUN -1 PM 4:44

BJB Family I, 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 April 7, 2010 and assigned  
Florida document number L10000037650.

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:

4207 SW High Meadow Ave.

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

Palm City, FL 34990

Enter new mailing address, if applicable:

4207 SW High Meadow Ave.

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

Palm City, FL 34990

**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

City, Florida

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>  |
|--------------|---------------------|---|--|
| MGR          | William C. McIntyre | 4207 SW High Meadow Ave.<br>Palm City, FL 34990 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Bruce Bartenfelter  | 5609 SE Lamay Drive<br>Stuart, FL 34997         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

2010 JUN -1 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated May 27, 2010

Signature of a member or authorized representative of a member

Bruce Bartenfelter  
Typed or printed name of signee

William C. McIntyre