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SECRETARY OF STATE
DIVISION OF CORPORATION:

T. HAMPTON

JUL - 2 2010

EXARAINER

COVER LETTER

	on of Corp			
SUBJECT:		BFE ENT	ERPRISES, LLC	
		Name of Limi	ted Liability Company	All the second s
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
			BRENDA E. WOOD	
			Name of Person	B
•	سرن ا)	TRICANI ACCOLINITINO	
		AM	ERICAN ACCOUNTING Firm/Company	
			· ·,	
•		4509	BEE RIDGE RD. STE.C	
			Address	
		S	ARASOTA, FL 34233	
			City/State and Zip Code	
	•		NFO@AASRQ.NET	
		E-mail address: (1	to be used for future annual report notif	ication)
For further info	rmation co	oncerning this matter, please c	all:	
	BREN	IDA E. WOOD	at (941)	371-0008
·	Name of	Person	Area Code & Daytim	e Telephone-Number
Enclosed is a ch	neck for th	e following amount:		
₹ \$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	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

BFE ENTERPRISES, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Compar	ny were filed on	06/04/2010	and assigned
Florida document numberL1000059811			CRETAL SION OF
This amendment is submitted to amend the following:			LED RY OF S
A. If amending name, <u>enter the new name of the limited lia</u>	•		OF STATE OF STATE OF ATTON
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Comp	any," the designation "l	LC" or the abbreviatio
Enter new principal offices address, if applicable:	***************************************		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:		o asal	
New Registered Office Address:			
•	En	iter Florida street add	ress
		, Florida	
	City		Zin 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

Title	Name Address	Type of Action
MBR_	NICHOLAS J. DRAGANOV 5320 HAROLD AVE.	Z Add
	SARASOTA, FL 34235	Remove
·		Add
··.		Remove
 .		Remove
		Man
		Add Remove
***************************************		Remove
		Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets	, if necessary.)
		SEC 10
· —		SECRETAL VISION OF
· .		FILED F COR
		F STA
		CORPORATIONS
Dated		•
·	Laver Black	
, –	Signature of a member or authorized representative of a mem	ber.

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