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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entrty Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |

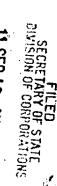
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B. KOHR SEP 2 1 2011 **EXAMINER**



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| TO: | Registration Se Division of Cor | | | 200 | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--|
| SUBJE | ·CT· | BCS FINANCI | AL PARTNERS, LLC | To Store | | |
| 30201 | | | ited Liability Company | | | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | 1 SEP 19 M 9: 45 | | |
| Please | return all correspo | ndence concerning this matter | to the following: | 5 5. | | |
| | | ALLEN H LIBOW | | | | |
| | | | Name of Person | | | |
| | | | | | | |
| Firm/Company | | | | | | |
| | 3351 NW BOCA RATON BLVD | | | | | |
| | Address | | | | | |
| | DOCA BATON EL 22424 | | | | | |
| | BOCA RATON, FL 33431 City/State and Zip Code | | | | | |
| | | | | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | | |
| For fur | ther information co | oncerning this matter, please of | call: | 1 | | |
| | ; 'Al I I | ; ĖN H LIBOW | at (561) | 910-6970 | | |
| | Name of | | | ime Telephone Number | | |
| | | | | | | |
| Enclose | ed is a check for th | e following amount: | | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclos | \$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/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL | oorations Center Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

r fr

| BCS FINANCIAL I | PARTNERS, | LLC | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now apper | rs on our records.) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (IV) iona silina | Diagnity Company) | | 台 野九 |
| The Articles of Organization for this Limited Liability Company | were filed on | JUNE 17, 2010 | and assigned |
| Florida document number L10000065437 | | | w 9990 |
| | | | 3 98 |
| This amendment is submitted to amend the following: | | | 9.5 |
| A. If amending name, enter the new name of the limited liab | oility company he | re: | |
| , | • | | |
| The new name must be distinguishable and end with the words "Lim | ited Liability Comr | yany " the designation "L | C" or the abbreviation |
| "L.L.C." | ned Eldonny Comp | any, the designation E | or the aboreviation |
| Enter new principal offices address, if applicable: | 4300 S US I | HWY 1 | |
| (Principal office address MUST BE A STREET ADDRESS) | SUITE 203- | | |
| Trincipia office duaress MOST BE A STREET ADDRESS | | | |
| | JUPITER, F | L 33411 | |
| T | 4000 0 110 1 | NADZ 4 | |
| Enter new mailing address, if applicable: | 4300 S US H | | |
| (Mailing address MAY BE A POST OFFICE BOX) | SUITE 203-315 | | |
| | JUPITER, F | L 33477 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | our records, enter th | e name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | 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.

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 **Title** Type of Action Address Name MGRM LYNN MACK 3453 WATERMARK PLACE ✓ Add Remove IRVINE, CA 92612 □ Add Remove ☐ Add Remove □ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated EFFECTIVE SEPTEMBER 12.

Typed or printed name of signee

Signature of a member or authorized representative of a member

Black

Page 2 of 2

Filing Fee: \$25.00