## L1000006136

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10/29/12--01005--015 \*



D. BRUCE

OCT 3 0 2012

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations				
SUBJECT:	BH Group Holdings Florida, LLC				
	Name of Lim	ited Liability Company	_		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corr	espondence concerning this matte	r to the following:			
		Caleb McCoy			
Name of Person					
Cemplex Group					
	Firm/Company				
,	1550 Double Drive		. <u>-</u>		
	Address				
Norman, OK 73069					
	City/State and Zip Code			(	
	F-mail address:	cmccoy@hgyp.com (to be used for future annual report notifica	tion	12 ( SEC ALL	
For further informati	on concerning this matter, please		non,	OCT 29 CRETARY LAHASSE	AFFI
	Caleb McCoy	at ( 405 ) 2°	13-3440		55
Na	me of Person	at ( 405 ) 2 Area Code & Daytime T	Felephone Number	129 PM12: 42 TARY OF STATE TASSEC, FLORID	7
Enclosed is a check f	or the following amount:			3.	
\$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 St Certified Copy (additional copy	atus &	

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

Name of the Limited Liability Compa (A Florida Limited)	ngs Florida, LLC  uy as it now appears on our records.)  Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document numberL10000067361	were filed on June 23, 2010 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Cemplex Group	Florida, LLC				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	> 0				
	TARPA TARREST				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
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				
	, 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

MGRM = Managing Member Title -<u>Name</u> **Address Type of Action** MGR Earl R. Shirley, III 13136 95th Street \_\_\_ Add 🔽 Remove Largo, Florida 33773 ☐ Add Remove ☐ Add Remove Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ocotber 19 2012 Signature of a member or authorized representative of a member Caleb McCoy, Secretary and Chief Counsel Typed or printed name of signee

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Filing Fee: \$25.00