

L10000084178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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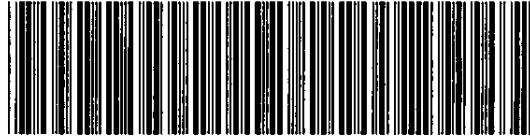
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 DEC 30 A 11:40

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S MASON



Attorneys At Law

## HARRISON SALE McCLOY

L. PAUL SIRMANS

psirmans@HSMcLaw.com

2050 W. County Hwy 30A  
Suite M1-109  
Santa Rosa Beach, FL 32459  
T 850.650.0077

December 29<sup>th</sup>, 2015

Stacey Mason  
LLC's / Registration  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Names changes for Baber Entities; BCB Construction, LLC and BCB Management, LLC

Dear Stacey:

Thanks for taking my call this morning on the above matter. As stated, my clients, Brian and Donna Baber, have recently undertaken some business and estate planning which have been implemented backwards. This odd filing is an attempt to correct these mistakes.

In essence, these two entities are swapping names to ensure that the nature, use and ownership of each respective ongoing concern matches what was created and planned accordingly. Because the Babers are the owners and authorized representative of each company (a detail copy of which is enclosed for your reference), there will be no harm or infringement on transferring the names.

Thanks for your cooperation in this regard. I have enclosed a \$60.00 check to cover both filings for the respective companies. Should you require any further confirmation, please let me know at once.

Sincerely,

A handwritten signature in black ink, appearing to be 'L. Paul Sirmans', written over a horizontal line.

L. Paul Sirmans

RECEIVED

15 DEC 30 PM 4:5

SECRETARY OF STA  
TALLAHASSEE, FLOR

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BCB MANAGEMENT, 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:

L. PAUL SIRMANS

\_\_\_\_\_  
Name of Person

HARRISON SALE MCCLOY

\_\_\_\_\_  
Firm/Company

300 MAGNOIA AVENUE

\_\_\_\_\_  
Address

PANAMA CITY, FLORIDA 32401

\_\_\_\_\_  
City/State and Zip Code

PSIRMANS@HSMCLAW.COM

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

For further information concerning this matter, please call:

ANN MARIE SALE, CPA

850 785-6153  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

BCB MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2015 DEC 30 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/11/2010

Florida document number L10000084178

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BCB CONSTRUCTION, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 01/01/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 29, 2016

Signature of a member or authorized representative of a member

Brian Baber

Typed or printed name of signee

FILED
2015 DEC 30 A 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA