

2100000841178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

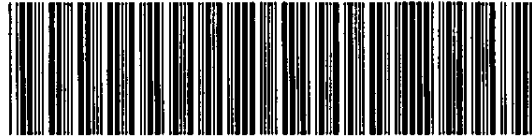
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 14 P 2:52

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2016

LI PAUL SIRMANS
304 MAGNOLIA AVE
PANAMA CITY, FL 32402

SUBJECT: BCB CONSTRUCTION, LLC
Ref. Number: L10000084178

We have received your document for BCB CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L10000084197.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00003732



Attorneys At Law

RECEIVED
2016 MAR 14 AM 11

RECEIVED
TALLAHASSEE, FL 32314

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

March 11, 2016

Stacey M. Mason
Regulatory Specialist II
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: L10000084178 & L10000084197

Dear Ms. Mason,

Enclosed you will find the two filings which were separately rejected. At the very end of last year, these two names were swapped by the common owners. It seems the only difference was that I called ahead and sent them both to one specialist. The reason for the filing was to correct a previous administrative error.

Now, we would simply like to switch them back. The consent is still mutual between the two companies, and I represent both of them in this capacity. We had previously sent two checks each in the amount of \$25.00 to cover the costs of filing.

Please call with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Paul Sirmans', written over a printed name.

L. Paul Sirmans

LPS/lah

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCB CONSTRUCTION, 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:

LI PAUL SIRMANS
Name of Person

HARRISON SALE McCLOY
Firm/Company

304 MAGNOLIA AVE
Address

PANAMA CITY, FL 32402
City/State and Zip Code

psirmans@hsmelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA HERRING at (800) 769-3434
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 CONSTRUCTION, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/11/2010 and assigned 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 MANAGEMENT, 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information, mostly blank.

E. Effective date, if other than the date of filing: _____ (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 2/12/2016

Handwritten signature of L. Paul Sirmans

Signature of a member or authorized representative of a member

L. PAUL SIRMANIS

Typed or printed name of signer

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SECRETARY OF STATE
FLORIDA