

L10000089539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

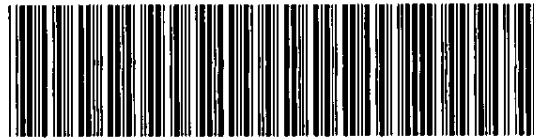
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B. KOHR  
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EXAMINER

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 593889 81491A

AUTHORIZATION

COST LIMIT \$ 25.00

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ORDER DATE : December 1, 2010

ORDER TIME : 12:56 PM

ORDER NO. : 593889-005

CUSTOMER NO: 81491A

DOMESTIC AMENDMENT FILING

NAME: BSL&LELPROPERTIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: \_\_\_\_\_

## BSL&amp;LELPROPERTIES, LLC

FILED  
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assigned  
PM 3:26

Page 1 of 2

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

| <u>Title</u>      | <u>Name</u>                               | <u>Address</u>                                      | <u>Type of Action</u>  |
|-------------------|---|---|--|
| <u>MGRM</u>       | <u>Lowell E. Levine</u>                   | <u>254 Palmo Way</u><br><u>Palm Beach, FL 33480</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| <u>          </u> | <u>                                  </u> | <u>                                  </u>           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 1, 2010

Peter S. Holton, authorized representative  
Signature of a member or authorized representative of a member

Peter S. Holton, Authorized Representative  
Typed or printed name of signee