L10000 115537

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

Office Use Only



100199802821

04/01/11--01019--013 **25.00

2011 APR -1 AM DO 40 SECRETARY OF STATE

T. CLINE

APR - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BCOOL Enter Tainmont 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:
Name of Person
H. Manly, P.A. Firm/Company
10 SM SOUTH Liver Drive Wite 1712
Miami, Flvida 33130 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 407 - 62 CV Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liabili	ty Company as it now appears of	on our records.
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Mou	and assigned
Florida document number <u>LIDDODII 5537</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7A S
(Principal office address MUST BE A STREET ADD	RESS)	
	<u></u>	3 3 3 3 3 3 3 3 3 3
	•	SSA -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		DE 6
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fintor	Florida street address
	Emer	
	City	, Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member

Title Name <u>Address</u> Type of Action Macalaigh Ferra MGBM ☐ Add Remove MGlm **☑** Add Remove ☐ Add Remove □Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated March aythorized representative of a member HAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00