40000124219

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-----------|
| (Addr | ress) | |
| (Addr | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nan | ne) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEL AND FILED

D. BRUCE

AUG 0 9 2012

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corpor | | | | | | |
|--|---|--|--|---|-----------------|-----------------|-----------|
| oun W | ver. | BRC Equ | uity Partners I, LLC | ; | | | |
| SUBJECT: Name of Li | | | ted Liability Company | | | | |
| The end | closed Articles of Am | endment and fee(s) are sub | mitted for filing. | | | | |
| Please | return all corresponde | nce concerning this matter | to the following: | | | | |
| | _ | | Bill McFarland | | | | |
| Name of Person | | | | | | | |
| Bill McFarland, P.A. | | | | | | | |
| | | | Firm/Company | | | | |
| 2930 Del Prado Boulevard, Suite A | | | | | | | |
| Address | | | | | | | |
| Cape Coral, Florida 33904 City/State and Zip Code | | | | | | | |
| | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | 7 | • |
| For fur | ther information conc | erning this matter, please c | all: | | CRETAR LAHAS | <u> </u> | • |
| | Bill M | cFarland | at (239) | 549-5680 | TARY | \$ 7 | AND |
| | Name of Pe | rson | Area Code & Daytin | ne Telephone Number | 0F ST | AUG -8 AMIO: 45 | } <u></u> |
| Enclose | ed is a check for the f | ollowing amount: | | | | 5 | |
| \$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 en | | | |
| | | | | | | | |

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

| BRC Equity Partners I, 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 Liab | | vere filed on | | _ and assign | ed |
| Florida document number L100001242 | <u> 19</u> | | | | |
| | | | | | |
| This amendment is submitted to amend the follow | ing: | | | | |
| A. If amending name, enter the new name of the | e limited liabil | ity company here: | | | |
| The state of the s | <u> </u> | <u></u> | | | |
| The new name must be distinguishable and end with t | he words "Limite | ed Liability Company," the | designation "LLC | or the abbr | eviation |
| "L.L.C." | | | • | | |
| Enter new principal offices address, if applicab | le: | 808 Miramar Street | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | Cape Coral, Florida 33904 | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | · · · · · | |
| Enter new mailing address, if applicable: | | 808 Miramar Street | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Cape Coral, Florida 33904 | | | |
| | | | | | |
| | | | | | 7 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | ords, enter the | name of t | |
| registered agent and/of the new registered offic | e addiess nere | • | | | 老 |
| Name of New Registered Agent: | Pohort C | Wetenhall, Jr. | | | (O 35) |
| Name of New Registered Agent. | | | | | |
| New Registered Office Address: | 808 Miram | | ida street addres | | |
| | Cana Car | | iaa sireei aaares | _ | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | Cape Cora | | _, Florida | 33904 | j t |
| N P 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | | City | | Zip Code | .I.* |
| 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

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:

| | Manager = Managing Member | | |
|--------------|--|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | ************************************** | | Add Remove |
| | | | Add Remove |
| <u> </u> | | | Add Remove |
| D. If an | | e(s) here: (Attach additional sheets, if necessary.) amar Street, Cape Coral, Florida 33904 | ALL VHV SEE |
| | | | - FLORI |
| Dated _ | Signature of a member | or authorized representative of a member | |
| | Typed | or printed name of signce | |

Page 2 of 2

Filing Fee: \$25.00

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