## 110000124777

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SECRETARY OF STATE

2011 MAR -8 PM 2:46

J. SAULSBERRY EXAMINER

MAR 1 0 2011

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJECT: BCP ADVISORS LLC					
0020		Name of Lim	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
	AURORA PENALVER, ESQ.				-
			Name of Person		
PENALVER & PENALVER, P.A.				, -	
			Firm/Company		
	2655 LEJEUNE RD., SUITE 508				20 TAI
			Address		2011 MAR SEGRETA TALLAHA
	سب ا ≲دری				
			RAL GABLES, FL 33134  City/State and Zip Code		SEE 8
			NALVERLAW@AOL.COM		F S
For fur	ther information	E-mail address: ( concerning this matter, please of	to be used for future annual report notificationall:	n)	PM 2: 46 OF STATE E. FLORIDA
	AURORA	A PENALVER, ESQ.	at ( 305 ) 579	9-9000	
	Name	of Person	Area Code & Daytime Tele	ephone Numbe	г
Enclose	ed 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)	Certifie	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	os	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BCP ADV	ISORS LLC			
( <u>N</u> an	ne of the Limited Liability Com (A Florida Limited	pany as it now appea d Liability Company)	rs on our records.)		
The Articles of Organization fo	r this Limited Liability Compa	ny were filed on	12/06/2010	and assig	ned
Florida document number	L10000124777				
This amendment is submitted to	o amend the following:				
A. If amending name, <u>enter (</u>	he new name of the limited li	ability company her	<u>re</u> :		
The new name must be distinguis 'L.L.C."	hable and end with the words "Li	mited Liability Compa	any," the designation	"LLC" or the abt	oreviation
Enter new principal offices ac	ldress, if applicable:			7 2	
Principal office address MUS	T BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·		
				HAR -8	1 }
				-8 ARY SSE	-
Enter new mailing address, if	applicable:			<u> </u>	
Mailing address MAY BE A I	POST OFFICE BOX)				1,
				10. 11. 14.6	
	red agent and/or registered w registered office address h		our records, <u>enter</u>	the name of	the new
Name of New Registe	red Agent:	· · · · · · · · · · · · · · · · · · ·		·	
New Registered Offic	e Address:	r	ter Florida street aa	ldwann	
		En	ier Pioriaa Sireel aa	iui ess	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ignacio Guerrero	1221 Brickell Avenue Suite 1590 Miami, FL 33131	Add ✓ Remove
MGR_	Ignacio Guerrero	1221 Brickell Avenue Suite 1590 Miami, FL 33131	Add Remove
			Add Remove 
			Add Remove
***			Add Remove
D. If amendi	ng any other information, enter change(s		
		r S	PM 2: 47 OF STATE
Dated	March 08 , 2011		_
_		authorized representative of a member	<del></del>
<u></u>		rinted name of signee	

Page 2 of 2

Filing Fee: \$25.00