

L11 0000010746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

L11-10746

(Document Number)

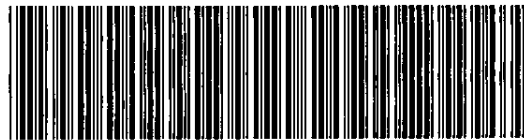
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11 DEC 22 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen

DEC 22 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BCB-Birch Glade, 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:

Gary Johns  
Name of Person

c/o Beach Community Bank  
Firm/Company

17 SE Eglin Pkwy  
Address

Fort Walton Beach, FL 32548  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary Johns at ( 850 ) 244-9900  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2011

GARY JOHNS  
17 SE ELGLIN PARKWAY  
FT. WALTON BEACH, FL 32548

SUBJECT: BCB-BIRCH GLADE, LLC  
Ref. Number: L11000010746

We have received your document for BCB-BIRCH GLADE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 011A00025826

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
11 DEC 22 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BCB-Birch Glade, 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 1/26/2011 and assigned  
Florida document number L11000010746.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)

17 SE Eglin Pkwy

Fort Walton Beach, FL 32548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 4400

Fort Walton Beach, FL 32548

**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:

Gary Johns

New Registered Office Address:

17 SE Eglin Pkwy

*Enter Florida street address*

Fort Walton Beach

*City*

Florida

32548

*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.*

Gary E. Johns  
If Changing Registered Agent, Signature of New Registered Agent

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

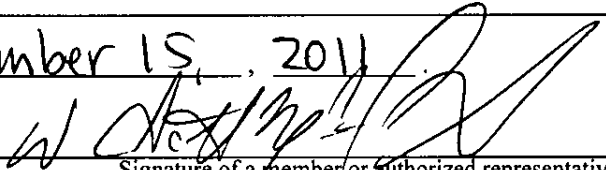
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                  | <u>Type of Action</u>  |
|--------------|--------------------|---|--|
| MGR          | Tony Hughes        | 17 SE Eglin Pkwy<br>Fort Walton Beach, FL 32548 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Gary Johns         | 17 SE Eglin Pkwy<br>Fort Walton Beach, FL 32548 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | W. Scott McCormick | 17 SE Eglin Pkwy<br>Fort Walton Beach, FL 32548 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated December 15, 2011

  
Signature of a member or authorized representative of a member

W. Scott McCormick  
Typed or printed name of signee