

2
L11000043116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

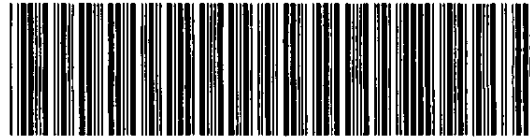
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200245610762

03/14/13--01021--019 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 14 AM 11:19

MAR 15 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BSF Hawthorne Fontaine, 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:

Nancy Braud, Paralegal

Name of Person

Chambliss, Bahner & Stophel, P.C.

Firm/Company

605 Chestnut Street, Suite 1700

Address

Chattanooga, TN 37450

City/State and Zip Code

gwen@paranetlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Braud

Name of Person

423 321-0310

at ()

Area Code & Daytime Telephone Number

Enclosed 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

3 MAR 14 AM 11:19

BSF Hawthorne Fontaine, 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 April 11, 2011 and assigned
Florida document number L11000043116.

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:

806 Green Valley Road, Suite 311

(Principal office address MUST BE A STREET ADDRESS)

Greensboro, NC 27408

Enter new mailing address, if applicable:

806 Green Valley Road, Suite 311

(Mailing address MAY BE A POST OFFICE BOX)

Greensboro, NC 27408

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:

NRAI Services, Inc.

New Registered Office Address:

515 East Park Avenue

Enter Florida street address

Tallahassee

Florida 32301

City

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.

Gwendolyn Andrews
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	TS Manager, LLC	19950 W. Country Club Drive, Suite 801 Aventure, Florida 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Samantha Davenport	806 Green Valley Rd., Suite 311 Greensboro, NC 27408	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 13 MAR 11 AM 11:19

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

Dated March 3, 2013.

Samantha Davenport
Signature of a member or authorized representative of a member

Samantha Davenport

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 14 AM 11:19