

11000065456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

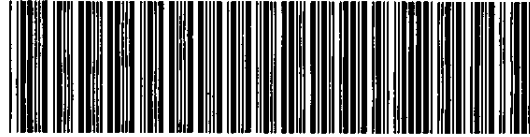
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JANUARY 1, 2015

2014 DEC -4 PM 4:41

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2014 DEC 4
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLMP HOLDINGS 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:

Arthur Barlaan

Name of Person

Firm/Company

5001 Troydale Rd

Address

Tampa, FL 33615

City/State and Zip Code

blmpasb@gmail.com

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

For further information concerning this matter, please call:

Arthur Barlaan

Name of Person

at 813 918-0611

Area Code

Daytime Telephone Number

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

Enclosed is a check for the following amount:

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

BLMP HOLDINGS LLC

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Zip Code
FREE TO COMPLY WITH THE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE A RAFFINAN	2625 Westview Ct	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33761-1224	<input type="checkbox"/> Remove
MGR	MARIA R RAFFINAN	2625 Westview Ct	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33761-1224	<input type="checkbox"/> Remove
MGR	JOCELYN L BARLAAN	5001 Troydale Rd	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615-4313	<input type="checkbox"/> Remove
MGR	CONNIE P MACALINAO	10759 Cory Lake Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

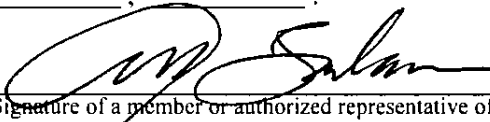
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CLERK OF DISTRICT COURT
TAMPA FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 29 2014



Signature of a member or authorized representative of a member

ARTHUR S BARLAAN

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE FLORIDA