## 11000118880

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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Special Instructions to Filing Officer:					
L. SELLERS					
NOV 1 4 2011					
EXAMINER					

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SECRETARY OF STATE

## COVER LETTER

TO:

TO:	Registration Solution of Con				
SUBJE					
O D D C			DPERIES I,LLC ited Liability Company		_
The end	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
TRACI L. WARLITNER  Name of Person				_	
			Firm/Company		<del></del>
			660 KING ST.  Address		_
JACKSONVILLE, FL 32204					
	,	TWARLITNER@	City/State and Zip Code  LEGGETTAIRCOND  to be used for future annual repo	TIONING.COM	_
For furt	ther information of	concerning this matter, please c			
		L. WARLITNER	at (_904_)	707-6538	
	Name o	of Person	Area Code &	Daytime Telephone Nur	nber
		he following amount:			
<b>▼</b> \$25,	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certi: nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	Registi Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Build 2661 Execut	Corporations	<b>5:</b>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BT PROPERIES I. LLC

(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document numberL11000118880	ity Company were filed on OCTOBER 18, 2011 and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
ВТ	PROPERTIES I, LLC
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>
(Principal office address MUST BE A STREET AI	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office :	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 9 Code
New Registered Agent's Signature, if changing Regist	tered 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 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		-	Add Remove
	<del></del>		Add Remove
<del></del>			Add Remove
D. If amen	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
_			<del>-</del> 
 Dated	NOVEMBER 2 , 20	11 . O O	_
	Signature of a member	or authorized representative of a member	
		CI L. WARLITNER	

Page 2 of 2

Filing Fee: \$25.00