

L11000144727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

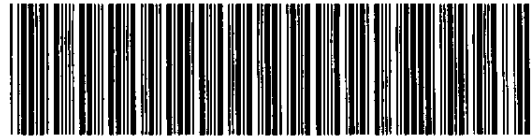
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALLS CHURCH, VA 22044

2013 MAR -8 AM 11:55

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BVL Investments, 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:

Alan Charron

Name of Person

Real Property Specialists, Inc.

Firm/Company

2345 W. Sand Lake Rd., Suite 100

Address

Orlando, FL 32809

City/State and Zip Code

vicki@realpropertyspecialists.com

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

For further information concerning this matter, please call:

Alan Charron

Name of Person

at 407 812-8000

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

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2013 MAR -8 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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:

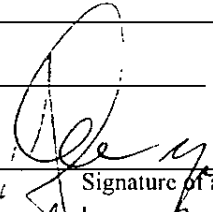
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Retail Investment Specialists, LLC	2345 W. Sand Lake Rd., Suite 100	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
MGRM	Alan C. Charron	2345 W. Sand Lake Rd., Suite 100	<input type="checkbox"/> Add
		Orlando, FL 32809	<input checked="" type="checkbox"/> Remove
MGRM	Robert A. Kaplus	2345 W. Sand Lake Rd., Suite 100	<input type="checkbox"/> Add
		Orlando, FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alan C. Charron, MGRM

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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2018 MAR -8 AM 11:55  
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TALLAHASSEE, FLORIDA