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CORPORATE ACCESS,

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INC.

236 East 6th Avenue . Tallahassee, Florida 32303

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		WALK IN	
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l .	BDC INVESTORS II LL		
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DECLAI			
PECIAI	L INSTRUCTIONS:		

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	BDC	INVESTORS	II, LLC	
SUBJE	.c.;		ited Liability Company	,
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspoi	ndence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
		ddamanta@dam	City/State and Zip Code	
		ddamonte@dame	ONLEIAW.COM to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Do	nna Dam	nonte	_{at} 727, 586-28	889
-	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
		_	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
L \$23	i.00 Filing Fee	☐ \$30.00 Filing Fce & Certificate of Status	Certified Copy (additional copy is enclosed)	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

FILED 2014 MAR 19 AM 9: 52 SECKETARY OF STATE TALLAHASSEE, FLORIDA

BDC INVESTORS II, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on c limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number L12000025687	ompany were filed on Febru	ary 22, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Article V: The name and address of managing	g members/managers	
The new name must be distinguishable and end with the words "Limit	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGRM	Theodore F. Bertuca	514 Elm Street	□ Adď
		Shelbyville, TN 37162	■ Remove
MGR	Theodore F. Bertuca	514 Elm Street	
		Shelbyville, TN 37162	□ Remove
			□ Add
			☐ Remove
			□ Remove
			□ Add
			□ Remove
			Add
			🗆 Remove

. If amending an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary			
<u>,-=\</u>				
-				
(The effective date n	f other than the date of filing: (optional) ust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ent is filed by the Florida Department of State)			
Dated March	10, 2014			
	multin Janes Jamelle			
<u> </u>	Signature of a member or authorized representative of a member			
	\			

Page 3 of 3

Filing Fee: \$25.00

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