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JUL 23 2012

EXAMINER



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COVER LETTER

TO: Registration S Division of Co		,			
SUBJECT:	BE	LFRA LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	W.	. Bartlett Scovill, Esquire			
		Bart Scovill, PLC			
	Firm/Company				
	1605 Main Street, Suite 912				
		Address			
	Sarasota, FL 34236				
		City/State and Zip Code			
	E-mail address: (Bettina@scovills.com (to be used for future annual report notification)			
For further information	concerning this matter, please	·			
Wi	lliam B. Scovill	at (941) 365-2252			
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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

	BELFRA, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	April 30, 2012	and assigned
Florida document numberL12000058000	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	ere:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		*****
			产。
			AR E
Enter new mailing address, if applicable:			AS N
(Mailing address MAY BE A POST OFFICE BOX)	 -		M ~
			-11 -2K 1 6 5
•	 		STA:
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on I <u>dress here</u> :	our records, enter the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	<u> </u>
	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.

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 **Type of Action Address** <u>Title</u> <u>Name</u> **MGRM** Isabelle Lornoy 13393 Golf Pointe Drive ∡ Add Port Charlotte, FL 33953 Remove ☐ Add Remove ☐ Add Remove Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 18 2012 Dated_ Signature of a member or authorized representative of a member William B. Scovill Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00