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SECRETARY OF STATE DIVISION OF CORPORATIONS

D. BRUCE

JUN 25 2012

EXAMINER

COVER LETTER

r >	" ₁	00 / 2011 222 1 2211	· · · ·	
TO: Registration S Division of Co				
SUBJECT:	В\	/I 13, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Matthew M. Kite		
		Name of Person		
	Coher	Todd Kite & Stanford	LLC	
		Firm/Company		
	250	E. Fifth Street, Suite 2	350	
		Address	 :	
	•	Cincinnati, OH 45202		
		City/State and Zip Code		-
	E-mail address: (to be used for future annual repo	ort notification)	12 12
For further information	concerning this matter, please	•	,	SECRETA SECRETA SECRETA SECRETA SECRETA
N	Matthew Kite	at (513)	421-4020	32 E
Name	of Person	Area Code &	Daytime Telephone Number	ED SF STATE SPORATIONS AM 9: 53
Enclosed is a check for	the following amount:			ÇA
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is	

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

	BVI 13, LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	5/15/12	and assigned	d
Florida document numberL12000065774	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	ny," the designation "	LLC" or the abbre	—— viatior
Enter new principal offices address, if applicable:			<u>-</u> .	
(Principal office address MUST BE A STREET ADI	DRESS)		12	_₹_
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 			200 200 200 200 200 200 200 200 200 200
			2	
Enter new mailing address, if applicable:			-	8
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(Mailing address MAY BE A POST OFFICE BOX)			\display	<u>꽃</u> 祭.
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				<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ur records, enter	the name of the	e new
registered agent and or the new registered office at	201035 22010			
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	er Florida street add	dress	
		, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Franklin W. Carson	72 Martinique Tampa, FL 33606	Add Remove
MGR	Franklin W. Carson	72 Martinique Tampa, FL 33606	✓ Add ☐ Remove
	· 		Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If an	nending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
	The Articles are being amend	ed for the sole purpose of changing the	
	designation of Franklin W. Ca	rson from MGRM to MGR.	
			SECRETARY OF CO.
Dated	June 20 Signature of a	2012 a member or authorized representative of a member	ED OF STATE ORPORATIONS AM 9: 53
	Matthew	/ M, Kite, Authorized Representative Typed or printed name of signee	•
		ryped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00