Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 1200100000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEDFORD HOUSE LLC

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### **FAX COVER SHEET**

ТО		
COMPANY		
FAX NUMBER	18506176383	· <del>-</del> ·
FROM	Tony Burroughs	
DATE	2013-01-23 13:29:35 PST	
RE	FL SOS - LZ Order 505422931	·

#### **COVER MESSAGE**

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## **COVER LETTER**

Division of Corporations	
SUBJECT: BEDFORD HOUSE LLC	
	Limited Liability Company)
The enclosed Articles of Amendment and fee(s) as	e submitted for filing.
Please return all correspondence concerning this tr	atter to the following:
Barbara Dang	(Name of Person)
L. colones as as	To a
Legalzoom.com,	ING. (Firm/Company)
100 W. Broadwa	v Suite 100
100 W. Bloadwa	(Address)
Glendale, CA 91	210
didildad, direct	(City/State and Zip Code)
For further information concerning this matter, ple	esse call:
To the second se	
Barbara Dang (Name of Person)	at ( 323 ) 962-8600 (Area Code & Daytime Telephone Number)
(Asias of Labour	(Alos Cook & Dayune Totopholic Pediator)
Enclosed is a check for the following amount:	•
\$25.00 Filing Fee & Certificate of State	

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

ZOUS JAN 23 RN 80 JA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		SEC 2013			
BEDFORD HOUSE LLC					
(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	District States Live States Li			
(A.L.)	ina chiana barany volupasy)	23 885			
The Articles of Organization for this Limited Liabili	ity Company were filed on 11/28/2012	and assigned			
Florida document number <u>L12000148687</u>	·	( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
	<del></del>	ORIDE L			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designatio	n "LLC" or the abbreviation			
B. If amending the registered agent and/or r registered agent and/or the new registered office		er the name of the new			
Name of New Registered Agent:					
Name Dandeston d Office A dilement					
New Remsiered Office Address:	New Registered Office Address: (Enter Florida street 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 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 Manage
or Managing Member being added or removed from our records:

	· Manager I – Managing Member			
Title	Name	Address	Type of Acti	<u>on</u>
			Add Remove	
· · · · · · · · · · · · · · · · · · ·			Add Respove	
		72	C∏Add ≥ Remove	
			Add Remove	
<del></del>			Add Remove	
			Add Remove	
D. If a	<u> </u>	s) here: (Attach additional sheets, if necessary.)		
	Article V. The following managing me			
	ROBERT HOEKSTRA. Please remov		-	
	HOEKSTRA and please add the follow Scott Hoekstra, 89 S. Atlantic Ave., Or			
			_	
Dated_	Jan 16th . 201	3.	_	
	Signature of a member o	r authorized representative of a member		
	ROBERT HOEKSTRA	r printed name of signee		
	Lypeg or	r pruncu name or signee		

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Filing Fee: \$25.00