

L13 0000 76207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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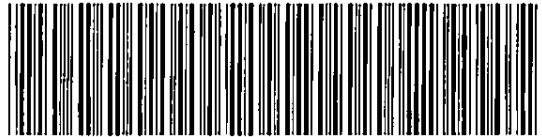
(Business Entity Name)

(Document Number)

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2024 01 30 PM 12:44

2/11/2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BHI Properties of Central Florida 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:

Barbara Brainerd

Name of Person

Brainerd Helicopters, Inc

Firm/Company

8850 Airport Blvd

Address

Leesburg, FL 34788

City/State and Zip Code

Barbara.b@firehawk.email

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

For further information concerning this matter, please call:

Barbara Brainerd

Name of Person

at ( 352 ) 365-9077

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BHI Properties of Central Florida LLC

2024 JUN 13 12:44

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

The Articles of Organization for this Limited Liability Company were filed on 05/24/2013 and assigned  
Florida document number L13000076207.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

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

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Charles Brainerd III	8850 Airport Blvd.	<input type="checkbox"/> Add
		Leesburg, FL 34788	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Barbara Brainerd	19643 Dorr Rd.	<input type="checkbox"/> Add
		Altoona, FL 32702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bart Brainerd	8848 Airport Blvd.	<input type="checkbox"/> Add
		Leesburg, FL 34788	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brainerd Helicopters, Inc.	8850 Airport Blvd.	<input checked="" type="checkbox"/> Add
		Leesburg, FL 34788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 25th \_\_\_\_\_, 2024

Barbara Brainerd  
Typed or printed name of signer

**Filing Fee: \$25.00**