#1/3000080001

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SECREMANY OF STATE

K. SALY EXAMINER

JUN 17 2014

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJ	BV La	ke Margaret,	LLC		
э сы ,			ited Liability Company	<u> </u>	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Jessica Whi	tcher		
			Name of Person	<u> </u>	
		BGV Limited	d, LLLP		
			Firm/Company		-
		2300 Curley	Rd, Suite	∍ 100	
			Address		
		Palm Harbo	r, FL 3468	33	
			City/State and Zip Co		
		jwhitcher@barcla			-
			to be used for future ann	nual report notification	(nc)
For fur	ther information co	ncerning this matter, please ca	all:		
Jes	ssica Whi	tcher	, 727	733-758	35
	Name of l	Person	Area Code	Daytime Tele	ephone Number
Enclos	ed is a check for the	following amount:			
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Copy (additional copy is	y	□ \$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/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 JUN 16 PM 3: 45

BV Lake Margaret, LLC

(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 $\underline{06/03/13}$ Florida document number L13000080001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BV - Lake Margaret, LLC The new name must be distinguishable and end with 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

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			□ Add
			Remove
			Add
		 	□ Remove
		-	
			Add
			Remove
			Add
			□ Remove
			□ Add
			□ Remove

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ffective date, if other than the	date of filing:	(optional)
he effective date must be specific, can	not be prior to date of receipt or filed date and cannot be m	(optional) ore than 90 days after
he effective date must be specific, can the date this document is filed by the F	not be prior to date of receipt or filed date and cannot be m	(optional) ore than 90 days after
he effective date must be specific, can the date this document is filed by the F	not be prior to date of receipt or filed date and cannot be morida Department of State) 2014	ore than 90 days after
Iffective date, if other than the he effective date must be specific, can the date this document is filed by the Floated June 12 Daniel Vietto	not be prior to date of receipt or filed date and cannot be moridal pepartment of State) 2014 Signature of a member or authorized representative of a	ore than 90 days after

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Filing Fee: \$25.00