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SEP 1 6 2015 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2015

DENISE RAKICH GRADYLAW 720 FIFTH AVENUE SOUTH STE 200 NAPLES, FL 34102

SUBJECT: BCN201, LLC Ref. Number: L13000095925



We have received your document for BCN201, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 215A00018588

# **GRADY**LAW™

September 11, 2015

Via FedEx

Ms. Sheila H. Young Registration Section Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: BCN 201, LLC Name Change

Dear Ms. Young:

Thank you for your letter of September 2. Please find attached a revised amendment filing. I would greatly appreciate any expedited processing of this application as we have a fast-approaching deadline for this name change. Please feel free to contact me directly with any questions or for more information. Thank you.

Respectfully,

# \*COVER LETTER

TO:	Registration Se Division of Cor			יי	,
	BCN 201, I	LLC			
SUBJE	CCT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Denise Rakich			5 三 言 T
			Name of Person		6 31 E
		GradyLaw			
			Firm/Company		25 vi
	100 G				
			Address		
		Naples, FL 34102			
		drr@gradylaw.com; hope@	City/State and Zip Code		
		E-mail address: (	to be used for future annual	report notification	n)
For fur	ther information c	oncerning this matter, please c	all:		
Alexai	ndra Deane		,	6-7911	
	Name o	f Person	at () Area Code	Daytime Telep	phone Number
Enclos	ed is a check for th	ne following amount:			·
\$23	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$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

BCN 201, LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
GreenLife Islamorada, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	.C" or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:		图 5 五
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		<b>美村 8</b>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		ds, enter the name of the
V P 1000 110		
New Registered Office Address:	Enter Florida street addr	ess
		:==
		lorida

### 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,  $\underline{\text{enter the title, name, and address of each person}}$  being added  $\underline{\text{or removed from our records}}$ :

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ctive date, if other than the date of filing:	<b>(optional)</b> g or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	y filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00