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COVER LETTER

	Division of Corpo	rations	•	
SUBJE	BC NORTHE	EAST, LLC		
		Name of Limite	ed Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please r	eturn all correspond	lence concerning this matter to	the following:	
		BRUCE D CROMARTIE		
			Name of Person	<u> </u>
		BC NORTHEAST, LLC		
Firm/Company				
		1701 N FEDERAL HWY		
			Address	
		FORT LAUDERDALE, FL	33305	
		City/State and Zip Code		
		joe@bcsurf.com		
		E-mail address: (to	be used for future annual report notificati	on)
For furt	her information con	cerning this matter, please call	l:	
JOE FE	ERRARO, CPA		954 563-1366 at ()	
	Name of P		Area Code Daytime Tel	ephone Number
Enclose	d 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)

Registration Section

TO:

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

BC NORTHEAST, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L13000141947	mpany were filed on 10/8/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)	
Enter new mailing address, if applicable:		15 NO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		nter the matter of the men
Name of New Registered Agent:		35
New Registered Office Address:	Enter Florida street address	
	, Floric	la 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ROBERT D MILLER	1010 CUSTER AVE	
		COLORADO SPRINGS, CO	□ Remove
		80903	■ Change
MBR	JEFF RYNER	7172 S OWENS ST	□ Add
		LITTLETON, CO	□ Remove
		80127	☐ Change
MBR	STEFAN W DOUGLAS	700 W MISSISSIPPI AVE #A-7	□ Add
		DENVER, CO	_ □ Remove
		80223	■ Change
MBR	DAVID W SMITH	8279 S SAULSBURY WAY	□ Add
		LITTLETON, CO	□ Remove
	80128	80128	■ Change
MBR	THOMAS H LACROSSE	11210 W 66TH PLACE	
		ARVADA, CO	☐ Remove
		80004	☐ Change
	period the second		□ Add
			□ Remove
			□ Change

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		ОСТОВ	ER 1, 2015			
Effective date, if other that fan effective date is listed, the date	e must be specific	ling: and cannot be pr	ior to date of filing	or more than 90 da	(optional) lys after filing.) Purs	suant to 605.0207
Note: If the date inserted in the document's effective date on the	iis block does no he Department	ot meet the app of State's recor	licable statutory ds.	filing requirement	nts, this date will	not be listed as
ne record specifies a del The 90th day after the			not an effecti	ve time, at 12	2:01 a.m. on t	he earlier of
OCTOBER 1		2015				
M	1 01	·	·			
Nb .	ار الم					

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Typed or printed name of signee

Filing Fee: \$25.00