

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Cor Fax Number	porations : (850)617-6383	AHASSEE)	PR -5 P
From:	Account Name Account Number Phone Fax Number		EM STATE FLORIDA	₩ 3: 26

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 BXC HOLDING COMPANY, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

TILED.

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: BXC Holding Company, LLC
Name of Limited Limitative Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Schotenstein
Name of Person
Schotlenstein Realty Co.
888 Brickell Ave Ste 100
Miami FL 33131
City/State and Zip Code City/State and Zip Code Company address: (to be used for future annual report notification)
E-mail address: (to be used for func annual report notification)

For further information concerning this matter, please call:

Jeffrey Schotlen Stein at 305 371-2824

Name of Forson

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I3XC Hold	ding compo	any, LLC
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our secords.)
The Articles of Organization for this Limited Liability Florida document number 1140001230	- · ·	8 05 14 and assigned
This amendment is submitted to amend the following	•	
A. If amending name, enter the new name of the line is a contain the words 'The new name must be distinguishable and contain the words 'T	16, LLC	-
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<u> </u>	'
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_ 	
registered agent and/or the new registered office at Name of New Registered Agent:	uuress nere;	
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
New Registered Agent's Signature, if changing Registe	City	Zip Code
hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this co complete performance of n agent as provided for in Ch	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registe company has been notified in writing of this chang	ered office address, I hereby e.	confirm that the limited liability
	If Changing Registered Age	nt, Signature of New Registered Agent
;		m jä

4/5/2016 2:48:30 PM From: To: 8506176383(4/5)

MGR = Manager

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

<u>Title</u>	Name	Address	Type of Action
			
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