# L1500128788

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

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## COVER LETTER

'Division of Cor	porations		
SUBJECT: BCI	FOB, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		G. Walls Name of Person	
	BCFOB,	LLC Firm/Company	
	5591 Zi,	o Drive Address	
	Fort My  Jeffofaus	City/State and Zip Code Safe Wolls. Com to by used for future annual report notif	05 Cication)
For further information of	concerning this matter, please c	all:	
Jeffery G Name o	r. Waus of Person	at (239) 260.  Area Code Daytime	4120 e Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

BCFOB 110.

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record	<u>s.</u> )		
The Articles of Organization for this Limited Liability Company	were filed on July 29	9 2015 and assigned		
Florida document number _L15000128788	- 5	,,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5591 Zip Dr	ive		
(Principal office address MUST BE A STREET ADDRESS)	5591 Zip Dr Fort Myers, F	-L 33905		
Enter new mailing address, if applicable:	5591 Zip Dr	rive		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, 1	ive FL 33905		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, <u>enter the name of the n</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flo	orida		
	•	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agre	ee to act in this capacity. I fu	rther agree to comply with i		

If Changing Registered Agent, Signature of New Registered

Page 1 of 3

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 limber liability

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 = M $AMBR = A$	anager uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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			Add P 2: 22 Change
			Remove 2: 27 Change

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ed	September	2	2019	<u> </u>					
	All L	////					SEC	2815	<u></u>
7	THE SIE	shature of a me	ember or author	ized representa	itive of a men	ıber		SEP	
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Filing Fee: \$25.00