

U6000028459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

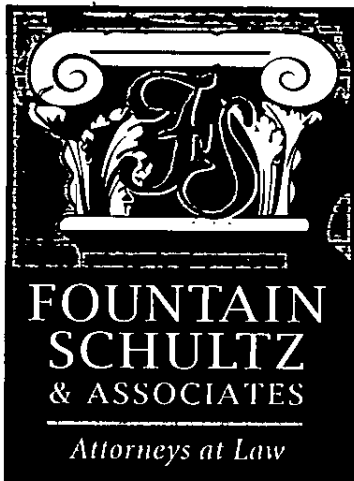


300282235733

02/26/16--01020--018 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:15

FEB 29 2016
S. YOUNG



KENNETH R. FOUNTAIN

KERRY ANNE SCHULTZ

SCOTT C. BRIDGFORD

February 24, 2016

VIA REGULAR U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: BSP PENSACOLA II, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization of BSP PENSACOLA II, L.L.C. Also enclosed is check #5150 in the amount of \$25.00 for filing the Articles of Amendment.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,
Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire

KAS: cas
cc: Client

Enclosures

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A

NAVARRE, FLORIDA 32566

TEL: (850) 939-3535

FAX: (850) 939-3539

SANTA ROSA BEACH

TEL: (850) 622-2700

FAX: (850) 622-2722

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BSP PENSACOLA II, L.L.C.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kerry Anne Schultz, Esq.
Name of Person
Fountain Schultz & Associates, P.L.
Firm/Company
2045 Fountain Professional Court, Suite A
Address
Navarre, FL 32566
City/State and Zip Code
kaschultz@fountainlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Anne Schultz at 850 939-3535
Name of Person 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:15

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BSP PENSACOLA II, L.L.C.

(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 02/04/2016 and assigned
Florida document number L16000028459.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	MATTHEW COVINTON	2 MEYERS DR	<input type="checkbox"/> Add
		GREENVILLE, SC 29605	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGMR	CRAIG STIPES	19 WEST TALLULAH DR	<input type="checkbox"/> Add
		GREENVILLE, SC 29605	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 FEB 26 PM 6:15

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 FEB 2

16 FEB 26 PM 88
to 805
e list

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
207(3)(b)
as the

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 89.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2/22/14

Signature of a member or authorized representative of a member

Kathy Anne Schultz Registered Agent
Typed or printed name of signer

Typed or printed name of signee