

216000048117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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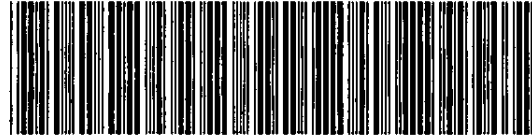
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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18 APR -9 AM 9:34

N COOPER

APR 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BVT1, LLC

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:

CHERYL BURDEN

Name of Person

HALVORSEN HOLDINGS, LLC

Firm/Company

851 S. FEDERAL HIGHWAY, SUITE 201

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

CBURDEN@HALVORSENHOLDINGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL BURDEN

561 367-9200
at ()
Area Code Daytime Telephone Number

Name of Person

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

Page 1 of 3

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>
MGR	Jeffrey T. Halvorsen	851 S. Federal Highway, Suite 201	☐ Add
		Boca Raton, FL 33432	☒ Remove
			☐ Change
AMBR	HPREI, LLC	851 S. Federal Highway, Suite 201	☒ Add
		Boca Raton, FL 33432	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 605.0207 (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 April 5, 2018

Signature of a member or authorized representative of a member

Jeffrey T. Halvorsen, Authorized Representative

Typed or printed name of signee