

L16000074952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

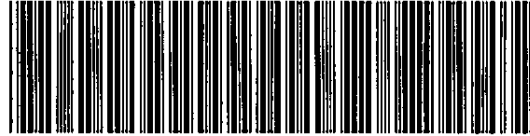
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300285889673

05/25/16--01012--006 **55.00

FILED
16 MAY 25 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/22/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BDFLA Referrals, 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:

Kim Anderson
Name of Person

BDFLA Referrals LLC
Firm/Company

2063 S. CO HWY 345
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

Kim @ bdfra.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Anderson at (850) 534-3006
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 25 PM 4:14

FILED

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**

B P F L A RESURRAIS LLC

(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 4.15.16 and assigned
Florida document number L16000074952

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>
	MGR Stacy Priscilla Bain	2003 S. CO HWY 395	<input type="checkbox"/> Add
		Santa Rosa Beach, FL	<input checked="" type="checkbox"/> Remove
		32459	<input type="checkbox"/> Change
	MGR John David Sullivan	2003 S. CO HWY 395	<input type="checkbox"/> Add
		Santa Rosa Beach, FL	<input checked="" type="checkbox"/> Remove
		32459	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
16 MAY 25 4:14 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

16 MAY 25 PM
SIOCELANO
TALLAHASSEE

FILED
16 MAY 29 PM 4:14
ST. LOUIS, MISSOURI
TALLAMUS, FLORIDA

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 5.23, 2016
Andrew Hunt
 Signature of a member or authorized representative of a member
Andrew Hunter Harman
 Typed or printed name of signee