

L16000174726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

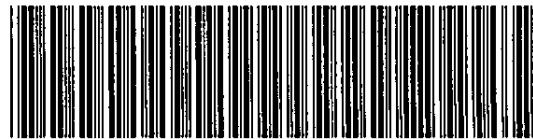
(Document Number)

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17 FEB 13 PM 4:10

RECEIVED

O SIMMONS  
FEB 16 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2017

TODD GREENSLAIT  
5548 CREPE MYRTLE CIR  
OVIEDO, FL 32765

SUBJECT: BCP SALES, LLC  
Ref. Number: L16000174726

RECEIVED  
2017 FEB 13 PM 3:36  
STATE DEPT OF CORP  
TALLAHASSEE, FLORIDA

We have received your document for BCP SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 517A00002258

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BCP Sales, 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:

Todd Greenslait

\_\_\_\_\_  
Name of Person

BCP Sales, LLC

\_\_\_\_\_  
Firm/Company

5548 Crepe Myrtle Circle

\_\_\_\_\_  
Address

Oviedo, FL 32765

\_\_\_\_\_  
City/State and Zip Code

tbgslait@yahoo.com

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

For further information concerning this matter, please call:

Todd Greenslait

407 718-2408  
at ( )

\_\_\_\_\_  
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

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

BCP Sales, 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 September 19, 2016 and assigned  
Florida document number L16000174726.

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>
AMBR	Todd Greenslait	5548 Crepe Myrtle Circle Oviedo,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED  
FEB 13 PM 11:10  
17

17 FEB 13 PM 4:16

17 FEB 13 PM

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

**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.

Dated 2-8-17, \_\_\_\_\_

*Feb 3, 1968*  
Signature of a member or author

Signature of a member or authorized representative of a member

**Todd B. Greenslait**

Typed or printed name of signee