116000174726

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
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SECRETARY OF STATE
AND LAHASSEE, PLOPIDA

D. SCOTT MAR 2 0 2017

COVER LETTER

TO: Registration S Division of Co			
BO SUBJECT:	CP Sales , LLC		
	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	•	
	Todd Greenslait		
		Name of Person	
	BCP Sales, LLC		
		Firm/Company	
	5548 Crepe Myrtle Circle		
		Address	
	Oviedo, FL 32765		
	tbgslait@yahoo.com	City/State and Zip Code	TALL Y
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notific	pation)
Todd Greens	-	407 718-2408	Telephone Number
Name o	of Person	at () Area Code Daytime	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:

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.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L16000174726	lity Company were filed on September 19,2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
		28 3
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e <u>address here</u> :	the name of the new
Name of New Registered Agent:		77 32 0
New Registered Office Address:	Enter Florida street address	07A F.
	. Florida	
-	City , Florida	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>	Name	Address	Type of Action
AMBR	Yvonne Greenslait	5548 Crepe Myrtle Circle Oviedo,	□ Add
			■ Remove
			Change
 			□ Add
			Remove
			☐ Change
			Add
			□ Remove
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ective date, if other than the d	ate of filing:		(optional) 📆	
n effective date is listed, the date must be te: If the date inserted in this block	be specific and cannot be prior to does not meet the application.	to date of filing or more t able statutory filing rea	han 90 days after filing.) Púrs	uant to 605.02
rument's effective date on the Den	artment of State's records			31
record specifies a delayed the 90th day after the record	effective date, but not d is filed.	t an effective time	e, at 12:01 a.m. on \hat{t}	he earlier
red February 23	, 2017			
	ignature of a member or autho	- '//		
	es B. In			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00