L16000214448

(Requestor's Name)	_
(Address)	_
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(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	B&G Lawt			
5000	<u> </u>		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Glen M Rieth		
			Name of Person	
		B&G Lawton LLC		
			Firm/Company	
		3306 Pembrook Drive		New J
			Address	
		Sarasota FL 34239		
•			City/State and Zip Code	
		grieth1@comcast.net		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
Glen R	ieth		941 809-7838 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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&G Lawton LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company)	U
The Articles of Organization for this Limited Liability C	company were filed on 11/23/2016	and assigned
Florida document number L16000214448		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	3 A-S
		APR
•		TAR ASS
Enter new mailing address, if applicable:		7 \
(Mailing address MAY BE A POST OFFICE BOX)		5 F. S
		PATI DRIII 22:
		, A
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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>	Name	Address	Type of Action
MGR	Currier Bruce Jr.	5709 Lawton Drive	
		Sarasota FL 34233	Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
•			Add
			☐ Remove
			□ Add
			Remove
			Change
			
			□ Remove
			☐ Change
			□ Add
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			□ Change

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Effective date, if other than the (If an effective date is listed, the date management in this document's effective date on the	st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days after fil atutory filing requirements, this d	ing.) Pursuant to 605.0207 (
the record specifies a delayed The 90th day after the re	ed effective date, but not an cord is filed.	effective time, at 12:01 a.r	n. on the earlier of:
Dated March 30	, 2018		
l.	1//////////////////////////////////////		

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Typed or printed name of signee

Filing Fee: \$25.00