

L17000009466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BG Home Construction 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:

Brandon Graber  
Name of Person  
BG Home Construction LLC  
Firm/Company  
5206 Hammock Pointe Ct  
Address  
St. Cloud FL 34771  
City/State and Zip Code  
grabershari@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Graber at (407) 709-0922  
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**

BG Home Construction 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 1-11-2017 and assigned  
Florida document number L17000009466

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5206 Hammock Pointe Ct  
St. Cloud, FL 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5206 Hammock Pointe Ct  
St. Cloud, FL 34771

**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:

Sharon Graber

New Registered Office Address:

5206 Hammock Pointe Ct

Enter Florida street address

St. Cloud

, Florida

34771

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>                      |
|--------------|------------------|------------------------|--|
| MBR          | Charlie Pickren  | 109 Martha St          | <input type="checkbox"/> Add               |
|              |                  | Auburndale Fl 33823    | <input checked="" type="checkbox"/> Remove |
|              |                  |                        | <input type="checkbox"/> Change            |
| MBR          | Calon Johnson    | 32 Huntley Ct          | <input type="checkbox"/> Add               |
|              |                  | Haines City, Fl 33844  | <input checked="" type="checkbox"/> Remove |
|              |                  |                        | <input type="checkbox"/> Change            |
| P            | Brandon J Graber | 5206 Hammock Pointe Ct | <input type="checkbox"/> Add               |
|              |                  | St. Cloud, Fl 34771    | <input type="checkbox"/> Remove            |
|              |                  |                        | <input checked="" type="checkbox"/> Change |
| MBR          | Sharon Graber    | 5206 Hammock Pointe Ct | <input checked="" type="checkbox"/> Add    |
|              |                  | St. Cloud, Fl 34771    | <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            |

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TALLAHASSEE, FLORIDA

(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)

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 February 27, 2017

*[Signature]*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Sharon Graber

Typed or printed name of signee