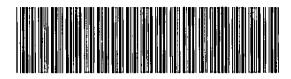
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

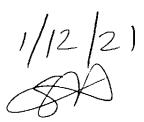
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BC+ equities 120  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:
Clark LUNT Name of Person
BC+ equities LLC
1107 e jackson St # 105
Tanpa FL 33602 City/State and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clark LUN+ a1 (407) 334.8482
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Cert

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bc+	o cuttres	, LLC	
(Name of the Limited 1	iability Company as it now florida Limited Liability Con	appears on our records	.)
The Articles of Organization for this Limited Liabi Florida document number LITOOC	lity Company were filed	on 3,8.	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability comp	any here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company	y," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<del> </del>	~~~~
(Principal office address MUST BE A STREET A	(IDDRESS)		020
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>		FILED NOV 25 PH IN
B. If amending the registered agent and/or regis		our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	E	nter Florida street address	
_		, Flo	rida
	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 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>	Type of Action
AMBR	Tamara Lunt	1107 e jackson st # Tampa, FL 33602	105 □Add
		Tampa FL 33602	Remove
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			□Add
			□Remove
			Change
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ve date, if other than the ctive date is listed, the date in If the date inserted in this listed.	iust be specific and cannot be j			iling.) Pursuant to 60:
if the date inserted in this t			.S requirements, time	
ent's effective date on the				
	ive date, but not an affecti	ve time at 12:01 a.m.	on the earlier of th	The Offith day offe
d specifies a delayed effect led.		ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte
d specifies a delayed effect led.			on the earlier of: (b)	The 90th day afte
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