17000 110287

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



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SECRETARY OF STATE

K. SALY NOV 2 1 2017

COVER LETTER

Division of Cor	porations		
the BC too l			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Susan Berkowitz Johnson		
	· · ·	Name of Person	
	the bc too. LLC		
		Firm/Company	
	610 Green Street		
		Address	
	Key West FL 33040		
		City/State and Zip Code	
	thebetoo@gmail.com	to be used for future annual report notifi	
r further information co	oncerning this matter, please ca		cation)
san Berkowitz Johnson	ı	310 7133361	
Name of	Person	at () Area Code Daytime	Telephone Number
osed is a check for the	e 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

TO:

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

FILED 2017 NOV 20 PM 30 03

the BC too LLC	_ SE	CRETAIN	
(Name of the Limited Liability Compa (A Florida Limited	SE inv as it now appears on our records L Liability Company)	AHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company			
Florida document number L17000110287			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	610 Greene Street		
Principal office address MUST BE A STREET ADDRESS)	Key West, FL 33040		
	610 Greene Street		
Enter new mailing address, if applicable:	Key West FL 33040		
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		ter the name of the r	
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florida street address		
	, Florida		
	City	Zip Code	

v Registered Agent's Signature, if changing Registered Agent:

preby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILED MGR = Manager 2017 NOV 20 PM 3= 03 AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change __ 🗆 Add ☐ Remove _□ Change _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

				2017 NOV	20 PM 3-03 ORY OF STATE SEE, FLORIDA	
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ective date, if other than the effective date is listed, the date in eg. If the date inserted in this ument's effective date on the	nust be specific and ca block does not mee	unnot be prior to	date of filing or mode statutory filing	(option of than 90 days after grequirements, this	filing.) Pursuant to 6	505.0207 (3 isted as th
record specifies a delay ne 90th day after the re		e, but not	an effective ti	me, at 12:01 a	a.m. on the ear	rlier of:
ed Nov 17	1	2017 A				
	Signature of a mer	mber or authori	zed representative	of a member		
(Disin Bedie	voit de	ત			

Page 3 of 3

Filing Fee: \$25.00