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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

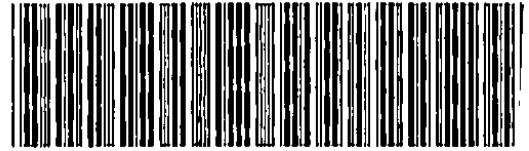
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 25 2019

I ALBRITTON

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BCDT Rentals, 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:

Teresa Frances  
Name of Person

Firm/Company

201 Cobbleview Drive  
Address

Lexington SC 29072  
City/State and Zip Code

bcdtrentalsllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Morris at (270) 577-7131  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2019

TERESA FRANCES  
201 COBBLEVIEW DRIVE  
LEXINGTON, SC 29072

SUBJECT: BCDT RENTALS, LLC  
Ref. Number: L18000090171

We have received your document for BCDT RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 719A00020982

2019 OCT 24 PM 4:34

ARTICLES OF ORGANIZATION  
TO  
ARTICLES OF ORGANIZATION  
OF

BCDT Rentals, 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 4/10/2018 and assigned  
Florida document number L18000090171.

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 "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Charles H Morris

New Registered Office Address:

10010 Skinner Lake Dr.

Enter Florida street address

Jacksonville

City

Florida

32  
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 accept 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 amendment 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) address  
or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	Teresa Frances	P.O. Box 1893	<input type="checkbox"/> Add
		Lexington, SC 29071	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Cha
MGR	Charles H. Morris	1044 N Forest Oak	<input checked="" type="checkbox"/> Ad
		Henderson, KY 42420	<input type="checkbox"/> Re
			<input type="checkbox"/> Cl
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> Cl
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> I
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 6  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li  
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear  
(b) The 90th day after the record is filed.

Dated September 22, 2019.

Teresa Frances

Signature of a member or authorized representative of a member

Teresa Frances

Typed or printed name of signee