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## **COVER LETTER**

Division of Cor	porations					
SUBJECT: BC CHA	RLESTON INVESTORS	II C				
besider: _bc can		nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
•	Ū	<b>.</b>				
•		Bianca Antunez				
		Name of Person				
	Al	varez & Diaz-Silveira LLP				
		Firm/Company				
		, -				
	355	Alhambra Circle Suite 1450				
	Address					
		0 1011 8				
		Coral Gables, FL 33134 City/State and Zip Code	<del></del>			
		City/State and Zip Code				
		Bantunez@adsllp.com to be used for future annual report notifi				
	E-mail address: (	to be used for future annual report notifi	cation)			
For further information co	oncerning this matter, please ca	all:				
	, , , , , , , , , , , , , , , , , , ,					
Dian	co Antunos	205 740 1050				
Bianca Antunez Name of Person		at ( 305 ) 740-1959 Area Code Daytime	Telephone Number			
rune of	1 (13011	Area Code Daytime	reseptione southoer			
Enclosed is a check for the	e following amount:					
	c ronowing amount.					
S25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.			
	Certificate of Status	Certified Copy	Certificate of Status &			
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
			( and only in section of			

MAILING ADDRESS:

TO:

**Registration Section** 

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

BC CHARLEST	TON INVESTORS, I	LC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ited Liability Company)	on our records.)		-	
The Articles of Organization for this Limited Liability Compa	any were filed on	12/21/2018	and a	assigno	ed
Florida document number L18000292540					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company hero	į.			
The new name must be distinguishable and contain the words "Limited I.	iability Company," the desi	gnation "LLC" or the ab	phreviation :	"L.IC.	<del></del>
Enter new principal offices address, if applicable:			<u>:</u> <u>.</u> .	19	
(Principal office address MUST BE A STREET ADDRESS	2			<u>8</u>	
		<del></del>	· · · · · · · · · · · · · · · · · · ·	<u>~</u>	
			;; .		1
Enter new mailing address, if applicable:		<del>-</del>		그: -=:-	
(Mailing address MAY BE A POST OFFICE BOX)			35	<del></del> -==-	
			<u>∵</u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I	icre:		the nam	<u>e of t</u>	he nev
¥ =	355 Albander	u Circle Spite 1470	``		
New Registered Office Address:	bentited to amend the following:  per enter the new name of the limited liability company here:  continuous address, if applicable:  per sess MUST BE A STREET ADDRESS)  diverse, if applicable:  Pregistered agent and/or registered office address on our records, enter the name of the story the new registered office address here:  Pregistered Agent:  H. William Walker, Jr.  Seed Office Address:  See Florida street address  Enter Florida street address  Enter Florida street address	<del></del> -			
		, Florida	331	134	
	City		Zip Cod	'e	

## 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.

/s/ H. William Walker, Jr.

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

Title	<u>Name</u>	Address	Type of Action
<u>PST</u>	H. William Walker, JR.	355 Alhambra Circle Suite 1450	
		Coral Gables, FL 33134	Remove
<u>VP</u>	W. Campbell Walker	355 Alhambra Circle Suite 1450	□ Add
		Coral Gables, FL 33134	□ Remove
			■ Change
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(If an effective date	, if other than the date is listed, the date must be steen inserted in this block of	pecific and cann	ot be prior to	date of filing or	more than 90 days	optional) after filing.) P	ursuant I	# H C C C C C C C C C C C C C C C C C C	20
Note: If the dat	te inserted in this block of ective date on the Depart	ioes not meet t	he applicab	e statutory fili	ng requirement	s, this date wi	Il not b	e listed	as t
he record spe The 90th di	ecifies a delayed eff ay after the record	ective date, is filed.	, but not a	an effective	time, at 12:	01 a.m. or	i the e	arlier	of:
	MARK	<u> </u>	019						
Dated <u>9</u> C	Invale hil	1/\							
Dated 4 C	· •	ature of a memb	er or authoriz	ed representativ	ve of a member			_	

Page 3 of 3

Filing Fee: \$25.00