

L950000000356

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 8 2013

2.11.13/11.13.13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & N REAL ESTATE LIMITED LIABILITY COMPANY, L.C.
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:

GLENDAS. MACON

Name of Person

B & N REAL ESTATE LIMITED LIABILITY COMPANY, L.C.

Firm/Company

PO BOX 3604

Address

FT. PIERCE, FL 34948

City/State and Zip Code

INLETFISHER75788@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENDAS. MACON

Name of Person

at (**772 201-5600**)

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**

B & N REAL ESTATE LIMITED LIABILITY COMPANY, L.C.

(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 **MAY 11, 1995**

Florida document number **L95000000356**

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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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1000 NORTH 2ND STREET

FORT PIERCE, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3604

FORT PIERCE, FL 34948

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:

New Registered Office Address:

Enter Florida street address

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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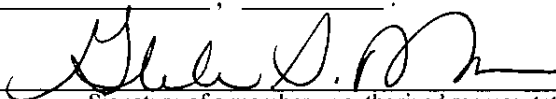
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MACON, GLENDA S.	PO BOX 3604 FT. PIERCE, FL 34948	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HEGEDUS, KATHY	PO BOX 3604 FT. PIERCE, FL 34948	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CASSON, TAMMY	PO BOX 3604 FT. PIERCE, FL 34948	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MACON, GLENDA S.	22 N. CAUSEWAY DRIVE FT. PIERCE, FL 34948	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HEGEDUS, CATHY	22 N. CAUSEWAY DRIVE FT. PIERCE, FL 34948	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CASSON, TAMMY	22 N. CAUSEWAY DRIVE FT. PIERCE, FL 34948	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated OCTOBER 2ND, 2013



Signature of a member or authorized representative of a member

GLEND S. MACON

Typed or printed name of signee

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