## P05000114849

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

THE OF COM CHARTION.	BF Properties, Ir	IC.	* 
DOCUMENT NUMBER: P0500	0116849		
The enclosed Articles of Amendment	and fee are submitted for f	iling.	
Please return all correspondence conce	erning this matter to the fol	lowing:	
P. David	Alessandri, CPA	4	
	Name of	Contact Person	
Alessand	lri & Alessandri,	P.A.	
	Firm	Company	
5121 Ehr	lich Road, Suite	107-B	
	Α	ddress	
Tampa, F	Florida 33624		
	City/ State	e and Zip Code	
bferriolo@gn	nail.com		
E-mail add	lress: (to be used for future	annual report n	otification)
For further information concerning this	•		
P. David Alessandri, C	SPA a	<sub>t (</sub> 813	969-1995
		e & Daytime Telephone Number	
Enclosed is a check for the following a	amount made payable to the	e Florida Depar	tment of State:
•	te of Status Certified	Filing Fee & I Copy nal copy is (Additional Co	□\$52.50 Filing Fee Certificate of Status Certified Copy py is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	tions	Division Clifton f 2661 Ex	nent Section of Corporations

## **Articles of Amendment** to **Articles of Incorporation**



BBF	Pro	perti	es,	Inc

2012 AUG 27 PM 1:41

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE

ent(s) to

PU3000116849			TALLAHASSEE FLORIDA
(Documer	nt Number of Corporation	n (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corporatio</i>	on adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
AVLO PROPERT	TIES, INC.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A professional cor	orporated" or the abbreviation
B. Enter new principal office address,	if annlicable:	Same	
(Principal office address <u>MUST BE A S</u>			
			<del></del>
C. Enter new mailing address, if appli		Same	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )	<u> </u>	
D. If amending the registered agent an	nd/or registered office a	ddrass in Florida, antar tha	name of the
new registered agent and/or the nev			name of the
Name of New Registered Agent	William Ferriol	0	
	14733 Watero	hase Blvd	<del></del>
		street address)	
New Registered Office Address:	Tampa	Flo	rida 33626
The transfer on Office than early.	(C	ity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hangnig Registered Age tered beent. I am famili	ent: ar w <i>ith</i> and accept the obliga	itions of the position.
$\sim$ $\sim$ $\sim$	I think		
<u>,                                     </u>	anature of New Registere	ed Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>J</u>	John Doe		
X Remove	<u>V</u> N	Mike Jones		
X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	PT	William Ferriolo	12950 Racetrack Rd	
X Add			Suite 220	
Remove			Tampa,FL 33626	
2) Change	sv	William Ferriolo	12950 Racetrack Rd	
X Add			Suite 220	
Remove			Tampa,FL 33626	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			-	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

( attach	ch additional sheets, if necessary). (Be specific)	
V/A		
		<del></del>
		· <del>························</del>
provi	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	1
_		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: AUGUST 23, 2012
Effective date if applicable: AUGUST 2:3, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
William Ferriolo
(Typed or printed name of person signing)
President
(Title of person signing)