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SECRETARY OF STATE
ALLAHASSEE, FINBIN

D. BRUCE

NOV 10 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ECT:	BUGDEN E	ENTERPRISES LLC		
		Name of Lin	nited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are su	abmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
			Alan Bugden		
			Name of Person		
Bugo		ugden Enterprises LLC		_	
			Firm/Company		
		10	6045 Blossom Hill Loop		_
			Address		
			Clermont, FL 34714		ALL SE
			City/State and Zip Code		AR S
		enquii E-mail address:	ries@floridafinestvillas.com (to be used for future annual report notif	ication)	09 NOV -9 SECRETARY ALLAHASSE
For fur	ther information	concerning this matter, please	•	,	FILE I
······································		Sue Bugden	at (352) Area Code & Daytim	874 6198 te Telephone Numbe	PH 2: 50 OF STATE E. FLORIDA
			ŕ		
		the following amount:	_		
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status &
	Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on	
	Tallah	assee, FL 32314	2661 Executive Ce Tallahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUGDEN ENT				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	•	
The Articles of Organization for this Limited Liability Compar	ny were filed on	01/18/2009	and assigned	
Florida document number L08000103148				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	bility company he	re:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation '	'LLC" or the abbreviatio	
			TAL S	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			#M 8 7	
			SSR	
			E 60 10	
Enter new mailing address, if applicable:			5 N F	
(Mailing address MAY BE A POST OFFICE BOX)			SO RIDA	
		 		
B. If amending the registered agent and/or registered	office address on	our roopeds ontor	the name of the new	
b. If amending the registered agent and/or registered registered office address he		our records, enter	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Er	Enter Florida street address		
		, Fiorida		
	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 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:

MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> M&RM Susan P Bugden 16045 Blossom Hill Loop Clermont, FL 34714 ☐ Add Remove Susan P Bugden MGR 16045 Blossom Hill Loop ✓ Add Clermont FL 34714 Remove ☐ Add ☐ Remove Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please amend Susan P Bugden from MGRM to MGR October 30 Dated Signature of a member or authorized representative of a member Alan Bugden

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00