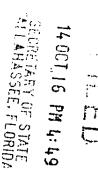
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Bandoons, 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:

Laura T. Muldoon

Name of Person

Muldoon Realty Group, LLC

Firm/Company

16130 Bridgepark Dr.

Address

Lithia, FL 33547

City/State and Zip Code

Imuldoon.tamparealtor@gmail.com

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

For further information concerning this matter, please call:

.aura Muldoon

Name of Person

Enclosed is a check for the following amount:



☐ \$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 27, 2014

Laura T. Muldoon 16130 Bridgepark Dr. Lithia, FL 33547

SUBJECT: BANDOONS, LLC Ref. Number: L14000063638

We have received your document for BANDOONS, 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 LLC Amendment submitted is missing page 1 of 3. Please fill out the enclosed blank missing page and resubmit the filing.

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) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 614A00022963

14 OCT 16 PH 4: 49

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bandoons, LLC	,
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400063638</u>	were filed on $\frac{4/18/14}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Muldon Realty Grou The new name must be distinguishable and end with the words "Limited Liabi Enter new principal offices address, if applicable:	0116
(Principal office address MUST BE A STREET ADDRESS)	Lithia, FL 3354.1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here	<u>:</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			□ Remove	
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		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. '	Effective of	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
		ate this document is filed by the Florida Department of State)
	Dated	0 000
	<u></u>	* Whildon
		Signature of a member or authorized representative of a member
		MAURA T. Muldoon
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00