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Office Use Only



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SEURE FARY OF STATE FALLAHASSEE, FLORIDA

K. SALY EXAMINER OCT - 6 2015

COVER LETTER

	egistration Sect ivision of Corpo		y .	
 SUBJECT	. BDZ !	Dosians, LLC	,	
SUBJECT		Name of Limit	ed Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retu	irn all correspond	dence concerning this matter to	o the following:	
		Heath	Name of Person	
			Firm/Company	
		169 Har	nging Moss Dr	,
		Oviedo,	FL 32765 City/State and Zip Code	
		bdzdes E-mail address: (to	ans LLC amai	cation)
For further	r information con	ncerning this matter, please ca	11;	
<u>Hea</u>	ther Ze Name of I	Person	at (440) 829-15 Area Code Daytime	Telephone Number
Enclosed i	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 ARTICLES OF ORGANIZATION

A DELCT FOR OF	TO FI
ARTICLES OF	ORGANIZATION
	OF 20/5007
DOT DOCIONO	ORGANIZATION OF 20/5 OCT -5 PH 3: 56
(Name of the Limited Mability Con	many as it now appears on our records)
(A Florida Limit	npany as it now appears on our records.) ALLAHASSEE, FLORIO, ALLAHASSEE, FLORIO,
The Articles of Organization for this Limited Liability Compa	any were filed on 12 1715 and assigned
	and assigned
Florida document number <u>LI5000048090</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ichility company here:
A. If afficienting frame, enter the new frame of the finnees in	acounty company nere.
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
	u.a. Hanaina Macc Dic
Enter new principal offices address, if applicable:	The Haria in the state of the s
(Principal office address MUST BE A STREET ADDRESS)	1 NICAO, HI 32/165
Enter new mailing address, if applicable:	169 Hanging Moss Dr.
(Mailing address MAY BE A POST OFFICE BOX)	0 vicdo, to 32765
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 l	<u>iere</u> :
110	aller to 701 d
Name of New Registered Agent:	ather E. Leid
New Registered Office Address:	Hanging Moss Dr.
	Enter Florida street address
$\mathbb{N}_{+}\mathcal{L}_{-}$	2771-5

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.

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

$\mathbf{AMBR} = \mathbf{A}\mathbf{I}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Allison B. Brock	asa Grouse Lu	Add
		Chulkota, Fl 32766	Remove
			Change
			Add
			□ Remove
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(If an e Note:	tive date, if other than the date of filing: 201. 35 30.5 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 29, 2015.
	Signature of a member or authorized representative of a member
	Heather E. Zeid Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00