

L15000121664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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K. SALY

FEB 22 2019

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 640211 7531940

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 20, 2019

ORDER TIME : 3:11 PM

ORDER NO. : 640211-020

CUSTOMER NO: 7531940

DOMESTIC AMENDMENT FILING

NAME: BO DIDDLEY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BO DIDDLEY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa E. McMorries

Name of Person

Taylor English Duma, LLP

Firm/Company

1600 Parkwood Circle, Suite 200

Address

Atlanta, GA 30339

City/State and Zip Code

mcmorries@taylorenlosh.com; sweinberg@taylorenlosh.com

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

For further information concerning this matter, please call:

Melissa E. McMorries

at (678) 336-7155

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: BO DIDDLEY, LLC

SECOND: The Florida Document number of the limited liability company is: L15000121664

THIRD: The street address of the limited liability company's principal office is:

5398 E. Mountain Street

Stone Mountain, GA 30083

c/o Kendall Minter, Esq.

The mailing address of the limited liability company's principal office is:

5398 E. Mountain Street

Stone Mountain, GA 30083

c/o Kendall Minter, Esq.

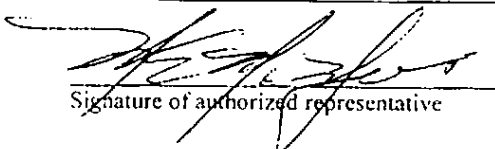
FOURTH: The date the statement of authority became effective is: 2/13/2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A


Signature of authorized representative

Melissa E. McMorries

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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19 FEB 21 AM 4:15
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TALLAHASSEE, FLORIDA