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ROBERT KIT KOREY, P.A. KOREY, SWEET, MCKINNON & SIMPSON

Attorney and Counselors at Law

Robert Kit Korey, P.A. Jeffrey C. Sweet Noah C. McKinnon, Jr., P.A. Scott E. Simpson, P.A Abraham McKinnon R. Kevin Korey Adam K. Dunn

Suite A, Granada Oaks Professional Building 595 West Granada Boulevard Ormond Beach, Florida 32174 Telephone (386)677-3431 Telefax (386)673-0748

August 17, 2016

Via Federal Express

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

RE: Bone Dry Unlimited, LLC

Dear Sir or Madam:

Enclosed are the Articles of Amendment to Articles of Organization for Bone Dry Unlimited, LLC.

I have enclosed a check in the amount of \$30.00 payable to the Department of State representing the filing fee and a Certificate of Status, together with a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

 (\mathcal{M})

Legal Assistant to R. Kevin Korey, Esquire

/ab Enclosures

COVER LETTER

	Registration Se Division of Cor						
SUBJEC	Bone Dry U	Inlimited, LLC					
SUBJEC		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	-				
		Margaret E. Tomlinson					
			Name of Person				
		Bone Dry Unlimited, LLC					
			Firm/Company		=	~3	
		6172 Del Rio Drive				2016 A	77
		 	Address	··-	- 表別	NUG 1	Street common
		Port Orange, FL 32127				တ	
			City/State and Zip Code			∆ :	
		margaret.momberger@att.n	et to be used for future annual			50	
For firet	var information o	encerning this matter, please co		report notification	ı)		
		oncerning this matter, please co		P7 2 42 1			
R. Kevii			at ()	77-3431			5
	Name o	of Person	Area Code	Daytime Telep	hone Number		
Enclosed	d is a check for th	he following amount:					
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status py	
		ING ADDRESS:		T/COURIER A	DDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bone Dry Unlimited, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L16000149155	were filed on August 3, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6172 Del Rio Drive	
Principal office address MUST BE A STREET ADDRESS)	Port Orange, FL 32127	24 2
Enter new mailing address, if applicable:	6172 Del Rio Drive	ASSER.
Mailing address MAY BE A POST OFFICE BOX)	Port Orange, FL 32127	<u> </u>
		5. 5.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		ords, enter the name of th
New Registered Office Address:		
New Registered Office Address:	Enter Florida street a	ddress
New Registered Office Address:	Enter Florida street ac	, Florida

If Changing Registered Agent, Signature of New Registered Agent

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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Margaret E. Tomlinson	6172 Del Rio Drive	
		Port Orange, FL 32127	Remove
			■ Change
AMBR	Michael R. Anderson	6172 Del Rio Drive	Add
		Port Orange, FL 32127	Remove
	·		■ Change
			Add
			Remove All Change SEL Add D Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	the applicable statutory fil	(optional more than 90 days after filing requirements, this days	ng.) Pursuant to 605.02
ne record specifies a delayed effective dat The 90th day after the record is filed.	, but not an effective	time, at 12:01 a.m	n. on the earlier
Dated August 16	016		
10.11	ber or authorized representati		

Page 3 of 3

Filing Fee: \$25.00