

L03000048119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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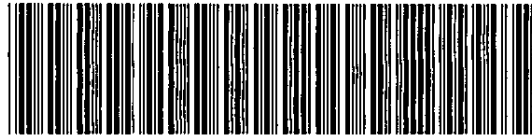
(Business Entity Name)

(Document Number)

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FILED
2009 SEP 15 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOWMERE DEVELOPMENT 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:

STEPHEN MOATE
Name of Person

Firm/Company

11651 OSPREY POINTE BLVD
Address

CLERMONT FL 34711
City/State and Zip Code

STEVEABFC @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN MOATE at (352) 227 8250
Name of Person Area Code & Daytime Telephone Number

Enclosed 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
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 SEP 15 PM 12:42

BOWMERE DEVELOPMENT LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/25/03 and assigned
Florida document number L03000048119

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11651 OSPREY POINTE BLVD
CLERMONT
FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 470102
CELEBRATION FL 34747

**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 here:**

Name of New Registered Agent:

STEPHEN MOATE

New Registered Office Address:

11651 OSPREY POINTE BLVD
Enter Florida street address
CLERMONT, Florida 34711
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 606, 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.*

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

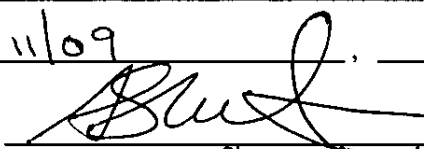
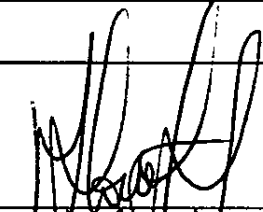
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	STEPHEN MOATE	11651 OSPREY POINTE BLVD CLERMONT FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DENISE LESLEY	1004 FALLING LEAF STREET KISSIMMEE FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Howcroft IAN	1004 FALLING LEAF STREET KISSIMMEE FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/11/09

Signature of a member or authorized representative of a member

STEPHEN MOATE IAN HOWCROFT

Typed or printed name of signee

2009 SEP 15 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED