## L04000061705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



900278002279

10/20/15--01012--010 \*\*25.00



OCT 21 2015

**3 MASON** 

## COVER LETTER

TO: Registration Section Division of Corporations	**	•
SUBJECT: Bleich + Lent	LLC	
Name of Limi	ted Liability Company	<del></del>
i i		
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Jas	on Lent Name of Person	
Shore	House Furnitur	<u>re</u>
	rim/Company	
14301 Panan	Ma City Beach Pkw	<u>y.                                      </u>
_		
Tonama Cit	City/State and Zip Code  orehouse funiture to be used for future annual report notifie	2413
info@she	City/State and Zip Code	r. Cum
E-mail address: (1	to be used for future annual report notific	cation)
For further information concerning this matter, please ca	all:	
Jason Lent	m (850 ) 52	7-9383 or 236-0200 Telephone Number
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\$ 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

(Name of the Limite	d Liability Compan A Florida Limited L	y as it now appears on our rability Company)	records.)		
The Articles of Organization for this Limited Lia	ability Company v			<u>04</u> and assign	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	ards <sup>6</sup> Limited Lighili	ty Company " the designation	"I C" or the	abbreviation "LL(	~ <u>, , , , , , , , , , , , , , , , , , ,</u>
-		ty Company, the designation	i LLC of the	ibbleviation E.B.	٠.
Enter new principal offices address, if applica ( <i>Principal office address MUST BE A STREET</i>			-		
armeput office unureso riographic in the interest in the inter	710011007				
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	Tag 14301	son Lent Panama Cit Enter Florida street	y Beach address	PKWY	
	Panama	City Beach	, Florida _	32413 Ziv Code	
New Registered Agent's Signature, if changing R		C.i.y		Lip coue	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in write the company has been notified in writing the company has been	d agent and agre er and complete p stered agent as p registered office	performance of my dut provided for in Chapter	ies, and I am 605, F.S. O	i familiar with i r, if this docum	and ent is
	If Chan	ging Registered Agent, Sign	nature of New I		
	Page 1	of 3		A D	

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 = A	norized Member			
Title	<u>Name</u>	Address 14301 Panama City Beach Pku P.C.B. Fl. 32413	Type of Action	
MGR	Jason F. Lent	P.C.B. F1. 324/3	Add	
			🗆 Remove	
		<del></del>	Change	
			Add	
			Remove	
			Change	
<del></del>			🖸 Add	
			□ Remove	
			Change	
			🖸 Add	
			☐ Remove	
			Change	
			□ Add	
			Remove	
		CF STATE E, LORIDA	Add Remove	
			Change	

D. `If am	ending any other									
	Dan B	leich	(MG	R)	Addr.	e55	Char	uge_	<i>k</i>	
	<u>.</u>			14	1301 F	onan	ia Ci	ty Be	ach	PKWy
					C. B.					
				•						
										<del></del>
	i				······································					
	- <u>1</u>			_		E-1811.3				<del></del>
						<u> </u>				
	<u>`</u>						-			
	i									
						-	,			<del></del>
				· · ·						· <del>····</del>
				····						
E. Effec	tive date, if other	r than the date	e of filing: _					ptional)		
Note:	ffective date is listed, If the date inserte	d in this block of	loes not meet	the applicabl	date of filing of le statutory f	or more tha iling requ	n 90 days a irements,	fter filing.) this date v	Pursuant will not b	to 605.0207 (3) be listed as the
docui	ment's effective da	te on the Depart	ment of State	's records.						
	ecord specifies a e 90th day afte			e, but not a	an effectiv	e time,	at 12:0	1 a.m. d	on the	earlier of:
Dated	10/13		<u>ئ</u> ىر	2015	. 11					
	•	_		- Fry					201	
		Sign	ature of a mem	ber or authoriz	zed representa	tive of a m	ember	(7.1)	<del>1</del> 961	والمعادر المعادر
	a see	Ta	son H	- Le	nt				7 21	S. Services
		<u> </u>	Тур	ped or printed	name of signe	e		- <u>円</u> に	<u></u> 7>	
	A P							FLO	A 11: 45	
				Page 3	of 3			2012 2012	=	

Filing Fee: \$25.00