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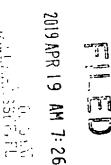
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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C. GOLDEN APR 3 0 2019

COVER LETTER

TO:	Registration Se Division of Cor			
C1:D1	Bad Lands.	LLC		
SUBJI		Name of Lim	ited Liability Company	·
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Michael D. Gentzle, Esq.		
			Name of Person	
		Coleman, Yovanovich & F	Coester, P.A.	
		-	Firm/Company	
		4001 Tamiami Trail North	, Suite 300	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	
		charris@superiorsheds.com		
		h-mail address; (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	ıll:	
Micha	iel D. Gentzle, Esq		239 435-3535	
	Name o	Person	at () Area Code Daytime	: Felephone Number
Enclos	ed is a check for th	e following amount:		
≅ \$2	5.00 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



Bad Lands, LLC

2019 APR 19 AM 7: 27

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I		oruary 22, 2005	
Florida document number L05000018110			•
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered office address on office address here: Christy R. Harris	our records, en	iter the name of the n
New Registered Office Address:	2323 South Volusia Avenue		
rem registered office reduces.	Enter Flor	ida street address	
	Orange City	, Florid:	a 32763
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as register	ed agent and agree to act in this a	apacity. I furthe	r agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGRM	Alex Martens	2323 South Volusia Avenue	∩ Add
		Orange City, FL 32763	■ Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		□ Remove	
			☐ Change
		-	□ Add
		☐ Remove	
			☐ Change
			DAdd
			☐ Remove
			□ Chance

F Effect	date if other than the date of filings (antional)
<u>Note:</u>	date, if other than the date of filing:
If the re (b) The	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
Dated	Apr. 1 17 2019.
	(1) 02 doit

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00