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Office Use Only



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SECRETARY OF STATE

J. BRYAN
AUG 24 2009
EXAMNER

COVER LETTER

| TO: Registration S Division of Co | | COVER LETTER | |
|--------------------------------------|---|--|--|
| SUBJECT: | B AND W ENTERPRISES, LLC | | |
| , | Name of Limi | ted Liability Company | |
| The enclosed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | condence concerning this matter | to the following: | |
| | | ROBERT POTTER | , |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | J. 0 | | |
| | DEC T | | |
| SATSUMA, FL 32189 | | | AHAS AHAS |
| | | City/State and Zip Code | O9 AUG 21 PH 1: 39 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE. FLORIDA |
| | E-mail address: (| to be used for future annual report notificati | on) For The second seco |
| For further information | concerning this matter, please of | call: | RITE STORY |
| ROBERT POTTER at (386) 649-9965 | | | 9-9965 |
| Name | of Person | Area Code & Daytime Te | lephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 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

B AND W ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 14, 2005 and L05000101490 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 | <u>Address</u> | Type of Action |
|------------|---|--|---------------------------------------|
| MGRM • | MARLON COFFMAN | 1057 BELTWAY ABILENE_TX 79602 | Add Remove |
| | <u></u> | | Add Remove |
| | | | Add Remove |
| | + ************************************ | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, e | nter change(s) here: (Attach additional sh | neets, if necessary.) |
| | | | O9 AUG SECRETA |
| | AUGUST 19 | <u>, 2009</u> . | 21 PH SSEE, FL |
| | Signature | Nobel Of the of a nember of authorized representative of a r | SH S |
| | | ROBERT POTTER Typed or printed name of signee | · · · · · · · · · · · · · · · · · · · |

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Filing Fee: \$25.00