

(Re	questor's Name)			
•	,			
(Address)				
(Address)				
(Cit	:y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W07-6	12/12			
W0134	1017			

Office Use Only



700113328097

12/24/07--01025--008 **25.00



71Ffary 7168-0827

A. LUNT

APR - 3 2008

EXAMINEH

12/24



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 26, 2007

ROBERT SETH BOWEN 890 SON IN LAW RD. BONIFAY, FL 32425

SUBJECT: BOWEN CONSTRUCTION, LLC

Ref. Number: W07000062013

We have received your document for BOWEN CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 507A00071578



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2008

ROBERT SETH BOWEN 890 SON IN LAW RD. BONIFAY, FL 32425

SUBJECT: ROBERT BOWEN CONSTRUCTION, LLC

Ref. Number: W07000062013

SECRETARY OF STATE ALLAHASSEE, FLORIDA

We have received your document for ROBERT BOWEN CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 507A00071578

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Bowen Tri	im & Carpentry, LLC	
	(Name of L	imited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	F	Robert Seth Bowen	
		(Name of Person)	
	Bowen	Trim & Carpentry, LLC	ZEC ZEE
		(Firm/Company)	ARE TO THE
	8	90 Son in Law Rd.	APR -2 P E AREIARY OF SI AHASSEE. FLO
		(Address)	THE TO IT
		Bonifay, Fl. 32425	P Z:
		(City/State and Zip Code)	> 'W
For further information	n concerning this matter, please	call:	
Robe	rt Seth Bowen	_{at (} 850 ₎ 326-7724	ļ
(Nan	e of Person)		ne Telephone Number)
Enclosed is a check for the	e 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

(Name of the Limited Liability Co	mpany asit now appea	rs on our records.)	
(A Florida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on	10 tober 2006 and assigned	
Florida document number <u>LOLODCO916573</u> .	:	ALL SEC	
This amendment is submitted to amend the following:		FIL B APR -2 CRETARY CAHASSE	
A. If amending name, enter the new name of the limited	liability company her	re: Sa o Ma	
Robert Bowen Cox	struction		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation bac" of the abbreviation	
registered agent and/or the new registered office address Name of New Registered Agent:	s here:		
New Registered Office Address:	<u> </u>		
	(E	(Enter Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c accept the obligations of my position as registered agen being filed to merely reflect a change in the registered o company has been notified in writing of this change.	complete performance t as provided for in C	of my duties, and I am familiar with and hapter 608, F.S. Or, if this document is	
. (1	f Changing Registered Ag	ent, Signature of New Registered Agent)	

Page 1 of 2

2 · d

4288 287 4cc

C 2 111 2 11

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** ■Add Remove Add Remove Add Remove _Add [™] Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member of authorited representative of a member

Page 2 of 2

Robert S. Bowen
Typed or printed name of signee

Filing Fee: \$25.00