LO900057137

(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 0 3 2015

S. YOUNG

COVER LETTER

Division of Cor	porations			
SUBJECT: Bush	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Bill Nye	Name of Person	***************************************	
		Firm/Company		
	5306 F	oxhunt Dr Address		SECRET
	Wesley (City/Mate and Zip Code		FILED MINSSEE
	BNYe C2	o be used for future annual report noti	fication)	PH + 59
For further information c	oncerning this matter, please co	ıll:		9 P
Bill Nyc Name o	f Person	at (<u>813</u>) <u>997</u> Area Code Daytim	- 9971 e Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Bushnell 48, LLC		0. }
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LO 700057137</u>	were filed on <u>May</u> 30	2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Bushnell Development The new name must be distinguishable and contain the words "Limited Liability".	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)		FILED PH 4: SECRETARY OF STA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our record :	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street addre	55
	, FI	orida
	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 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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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fective date, if other than the date of filing:	(eptional)	į
on effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable status ocument's effective date on the Department of State's records.	filing or more than 90 days after filing. Pursuant to 60:	5.02 ed
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earli	er
atea 10-29-15		
atea $10-29-15$		
	resentative of a member	

Page 3 of 3

Filing Fee: \$25.00