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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	DAVII	BICKLEY, LL	. C	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	BRU	Name of Person		
		Name of Person		
	DAV!	D BICKLEY D		11
	342	-/ RDRINHOUD Address	RUAD >	
		City/State and Zip Code	3	
		31CKLEY & YA HOO to be used for future annual report notified		
For further information co	neerning this matter, please co	all:		
13 R.4 CE	BICKLEY	at ( <u>850</u> ) <u>383</u> Area Code Daytime	5.6448	
Name of	Person	Area Code Daytime	e 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)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Registra	NG ADDRESS: tion Section of Corporations	STREET/COURI Registration Section Division of Corpor Clifton Building	n	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID BICKLEY,	LLC	
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on JANKINY 17, 21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
- 59 ME	<del>-</del>	
The new name must be distinguishable and contain the words "Limited Liability".	ty 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)		<del>, _</del>
		ग जे * '
Enter new mailing address, if applicable:	- SAME -	
Mailing address MAY BE A POST OFFICE BOX		
		> (7)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		بر. عص the name of the no
Name of New Registered Agent:	- SAME - - SAME -	
New Registered Office Address:	- SAME-	
	Enter Florida street address	
	, Florida _	Zip Code
	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.

- SAME 
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	DAVID TYLER BICKLE	y 3421 ROBINHOUD RUA	<u>D</u> □ Add
	(his full name)	JANANASSEE, FL 323/2	Remove
			Change
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f an effective date is list Note: If the date inse		(optional) o date of filing or more than 90 days after filing.) Pursuant ble statutory filing requirements, this date will not b	
The 90th day a	ter the record is filed.	an effective time, at 12:01 a.m. on the e	earlier
Dated <u>Oct</u>	ober 4. 2018	<u>,                                    </u>	
	Synature of a member of author	Bubles rized representative of a member	_
		BICKLEY I name of signed	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00