

L080000021591

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 8 2012

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BUNJAVA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEAGAN E. ADDAMS

Name of Person

NEW AGAIN THRIFT, LLC

Firm/Company

610 KINGSTON CIRCLE

Address

SATELLITE BEACH, FL 32937

City/State and Zip Code

NEWAGAINTHRIFT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEAGAN E. ADDAMS

Name of Person

at (321)

821-2384

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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**

BUNJAVA, 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 2/28/08 and assigned
Florida document number L08000021591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEW AGAIN THRIFT, LLC

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)

910 PINETREE DRIVE

INDIAN HARBOUR BEACH, FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

910 PINETREE DRIVE

INDIAN HARBOUR BEACH, FL 32937

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:

MEAGAN ADDAMS

New Registered Office Address:

910 PINETREE DRIVE

Enter Florida street address

INDIAN HARBOUR BEACH

Florida

32937

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 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.

Meagan E Addams
If Changing Registered Agent, Signature of New Registered Agent

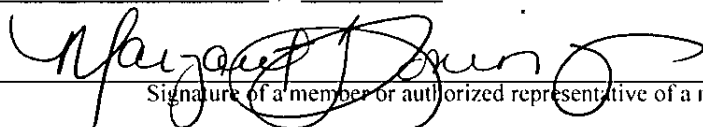
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TREVOR LOWING	110 SHERWOOD AVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARGARET LOWING	110 SHERWOOD AVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MEAGAN ADDAMS	610 KINGSTON CIRCLE SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WILLIAM ADDAMS	610 KINGSTON CIRCLE SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 4, 2012


Signature of a member or authorized representative of a member
MARGARET LOWING
Typed or printed name of signee

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TALLAHASSEE, FLORIDA