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| (Requestor's Name)                         |  |  |  |  |
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| (Address)                                  |  |  |  |  |
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| (Address)                                  |  |  |  |  |
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| (City/State/Zip/Phone #)                   |  |  |  |  |
| PICK-UP WAIT MAIL                          |  |  |  |  |
|  |  |  |  |  |
| (Business Entity Name)                     |  |  |  |  |
|  |  |  |  |  |
| (Document Number)                          |  |  |  |  |
| Certified Copies Certificates of Status    |  |  |  |  |
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| Special Instructions to Filing Officer:    |  |  |  |  |
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SECRETARY OF STATE

ANTIANASSEF FLORIO.

D. BRUCE
OCT 1 0 2008
EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: BAND T'S RISING Son, 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:   |  |  |  |  |
| James Ellis (Name of Person)  |  |  |  |  |
| BAND T's Rising Son, LIC  |  |  |  |  |
| 2422 Silver Palm Pr AM B T  |  |  |  |  |
| Edgewater, 71, 32141  |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Semos EM, c at () 866 - 460 - 939 9.  (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \ (additional copy is enclosed) \$\ |  |  |  |  |
| MAILING ADDRESS: STREET/COURIER 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2008

**JAMES ELLIS** 2422 SILVER PALM DR. EDGEWATER, FL 32141

SUBJECT: B AND T'S RISING SUN, LLC

Ref. Number: L08000042327

We have received your document for B AND T'S RISING SUN, 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 attached form must be completed in order to file the document.

NO Document only coverletter

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: 608A00051892

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BAND I'S RISING  | SUN 1.LC  |  |  |
|--|---|--|--|
| (Name Limited Liability Comp   | any as it now appears on our records.) Liability Company) | <del>, · · · · · ·</del>                 |  |
| A PIOTOS ISMINICO  |   |  |  |
| The Articles of Organization for this Limited Liability Compan   | y were filed on $\frac{6}{25/200}$                        | 8 and assigned                           |  |
| Florida document number <u>LO8000 0 423 27</u> .   | ·   | •  |  |
|  |   |  |  |
| This amendment is submitted to amend the following:  | •                   |  |  |
| A. If amending name, enter the new name of the limited lia   | hility company here:                                      |  |  |
| A II amonding name, enter the nery manual interesting in   |   | •  |  |
| The new name must be distinguishable and end with the words "Lin"L.L.C."   | nited Liability Company," the designation                 | "LLC" or the abbreviation                |  |
| Enter new principal offices address, if applicable:  |   | <b>08</b>                                |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  |  |
| **************************************   | •   | AS N N N S S S S S S S S S S S S S S S S |  |
| ·  |   | <u> </u>                                 |  |
| Vindam   |   |  |  |
| Enter new mailing address, if applicable:  |   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <del>्रेते छ</del>                       |  |
|  | -   |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  |   | the name of the new                      |  |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·                     |  |  |
| New Registered Office Address:   |   |  |  |
|  | (Enter Florida street address)                            |  |  |
|  | . Florida   |  |  |
| part de la constant d | (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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

| MGRM = M     | Anaging Member                  |  |   |
|--------------|---------------------------------|--|---|
| <u>Title</u> | Name                            | Address  | Type of Action                                |
| MGR          | Teri Riggs                      | 2422 Silver falm<br>Edgewater Fl                     | Add Add                                       |
| MGR          | James Ellic                     | 2422 Silver Polm Di<br>Edgewter, Fl 32               | Add Remove                                    |
|              |                                 |  | Add Remove                                    |
| D. If amend  | ding any other information, ent | er change(s) here: (Attach additional sheets, if nec | SECRETIAHA                                    |
|              |                                 |  | -9 PN 12: 56                                  |
| Dated        | 9/24/08                         | · · · · · · · · · · · · · · · · · · ·                |   |
|              | Signature of                    | a member or authorized representative of a member    |   |
| •            | //                              | mes F/1/5 Typed or printed name of signee            | Name - 10 75 in 27 1074 Major 17 1754 Major 1 |

Page 2 of 2

Filing Fee: \$25.00