# 108000092641

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC - 2 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	R + D Dungicas 116	
	(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:

Mistophen Dognelly
By P-AMMINICHS, LLC
3020 NE 32nd Are. Apt 803
Follow Address) Follow Address Fl 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Ohnis Donnelly at 99.51)

(Name of Person) at (Area Code & Daytime Telephone Number)

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

OB DEC -1 AM II: 56
SECRETARY OF STATE

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&P-HMERICAS, LLL	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on Sept. 29, 1008 and assigned
Florida document number <u>L08000092641</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
	<u> </u>
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLG" of the abbreviation
Enter new principal offices address, if applicable:	- Sin 1 F
(Principal office address MUST BE A STREET ADDRESS)	EEO EEO
Enter new mailing address, if applicable:	3º-'' o
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	(Lanes Providu Sirect autiress)
	To a s

New Registered Agent's Signature, if changing Registered Agent:

 $\alpha \cdot \wedge \cap$ 

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.

(City)

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

(Zip Code)

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 Type of Action Title Address Name Add 🗖 Remove Add Remove Add Remove ☐ Add Remove Depti Constant ∰ Âdd Remove M II: 56 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Page 2 of 2

Filing Fee: \$25.00