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(Requestor's Nam	ne)
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity	Name)
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Certified Copies Certification	ates of Status
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SECURITION OF STATE

KW 2023

T. HAMPTON

COVER LETTER

Bidd-All A SUBJECT:	/C LLC DOCUMENT #L0800	00098018	
SUBJECT:	Name of Limi	ted Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	·	·	
	WILLIAM V. BARBER, J	R.	
		Name of Person	, , , , , , , , , , , , , , , , , , ,
	·	Firm/Company	,,
	PO BOX 580		
		Address	
	MIMS, FL 32754		
		City/State and Zip Code	- 1
	BIDDALLAC@CFL.RR.C	•	
	-	to be used for future annual report notification	ation)
For further information of	concerning this matter, please ca	ıil:	
WILLIAM V. BARBER	· TD	321 302-4271	
Name of Person		at ()	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section
Division of Corporations

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

ny as it now appears on our records.) Liability Company)	
were filed on 10-16-2008	and assigned
ility company here:	
lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
150 S. CARPENTER ROAD	
TITUSVILLE, FL 32796	TAPE 15
	工厂等 可
	55 4 4
PO BOX 580	TT
MIMS, FL 32754	10 10
	RA 5
	Dm 1
ffice address on our records, <u>e</u> :	enter the name of the new
Enter Florida street address	
, Flori	
City	Zip Code
	PO BOX 580 MIMS, FL 32754 Finter Florida street address

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 = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			
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	05-05-2015		
	he date of filing: nust be specific and cannot be prior to	date of filing or more than 90 day	
	block does not meet the applicable Department of State's records.	le statutory filing requiremen	its, this date will not be liste
ecord specifies a delay ne 90th day after the re	red effective date, but not ecord is filed.	an effective time, at 12	:01 a.m. on the earlie
, MAY 5	2015		
'Y	, , , , , , , , , , , , , , , , , , ,	··	ASE IS
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Willia			
ed	Signature of a member of authori	zed representative of a member	

Filing Fee: \$25.00