

W9 000008915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300163390923

12/11/09--01011--002 \*\*60.00

FILED  
2009 DEC 11 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

DEC 14 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BODO ENTERPRISES 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:

Barbara D Lockett

Name of Person

BODO ENTERPRISES LLC.

Firm/Company

1831 N BELCHER ROAD SUITE B2

Address

Clearwater Florida 33765

City/State and Zip Code

UNITED@MYBODO.COM

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

For further information concerning this matter, please call:

Barbara D Lockett

Name of Person

at ( 727 )

330-7629

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

FILED  
2009 DEC 11 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BODO ENTERPRISES 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 1-27-09 and assigned  
Florida document number L09000008915.

This amendment is submitted to amend the following:

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

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)

1831 N BELCHER ROAD SUITE B2

Clearwater Florida 33765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1831 N BELCHER ROAD SUITE

Clearwater Florida 33765

**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:

New Registered Office Address:

1831 N BELCHER ROAD SUITE B2

*Enter Florida street address*

Clearwater Florida

Florida

33765

*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, 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	DILLON DOUGLAS C.	185 ASYLUM ST. CITY PLACE 1 38TH HEATFORD CT 06103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BARBARA LOCKETT	1831 N BELCHER ROAD SUITE B2 Clearwater Florida 33765	<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
			<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 12/08/, 2009

Barbara Lockett  
 Signature of a member or authorized representative of a member

BARBARA LOCKETT

Typed or printed name of signee

2009 DEC 11 AM 11:14  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

FILED