# L09000030307

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2010 MAR - L PM 1: 39
SECRETARY OF STATE
ASSESSED FLORIDA

C. LEWIS

MAR 5 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bash Brags. PLC  Name of Limited Liability Company
, , , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Margan Barfield Name of Person
The Baclicl's Law George Firm/Company
1904 West Cass 5t. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Parson  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\te

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

FILED

2010 MAR -4 PM 1 35

0	TOIDTIMIT A LILE 02		
	beaga, PLC GEORETARY DE STATE		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. HASSEE. FLORIDA iability Company)		
(*** IOTAU ZAMIOU ZA	monthly Company)		
The Articles of Organization for this Limited Liability Company	were filed on 3/30/2009 and assigned		
Florida document numberL0900030307 .			
rionda document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ilitu oomnony kana		
The new name must be distinguishable and end with the words "Limite	one, PLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	AIV		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	MIA		
(Mailing address MAY BE A POST OFFICE BOX)			
	·		
B. If amending the registered agent and/or registered offi	fice 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:	NA		
Name of New Registered Figure.			
New Registered Office Address:			
	Enter Florida street address		
•	Florida		
	, Florida 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>		Address	Type of Action
MON	Andrew Br	-00	1904 West Lass 98 Tonga F1 33686	Add Remove
<del>-</del>				Add Remove
		<u> </u>		Add Remove
				Add Remove
	· .			□ Damaus
				Add Remove
D. If amo	ending any other informa	ation, enter change	e(s) here: (Attach additional sheets, if nece	ssary.)
-				
- Dated	March	, 281	Δ	2010 HAR -4 SECRETARY
	Si	<del></del>	or authorized representative of a member	R-4 PH : 12 39 HASSEE, FLORID!
	<del></del>	Typed	or printed name of signee Page 2 of 2	DRIDA RIDA

Filing Fee: \$25.00