## C900063812

(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
		MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
Office Use Only			



900223768279

03/09/12--01010--020 \*\*25.00

FILED 12 MAR -9 PH 2: 27 SERVING HISNEE

## **COVER LETTER**

TO: Registration Section 11 **Division of Corporations** part NOX SUBJEC 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:

Carbara axxo

Firm/Company ity/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

-9366

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

**\$30.00 Filing Fee &** Certificate of Status 555.00 Filing Fee & Certified Copy (additional copy is enclosed)

١,

560.00 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

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF
BUSINESS WOMEN OF GUIFPORE
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on une 30, 2009 and assigned
The Articles of Organization for this Limited Liability Company were filed on $\frac{442630, 2009}{100000063812}$ and assigned

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 "LLC."

Enter new principal offices address, if applicable:		21- say
(Principal office address MUST BE A STREET ADDRESS)		
·		<u><u></u></u>
Enter new mailing address, if applicable:	······	<u>,                                    </u>
(Malling address MAY BE A POST OFFICE BOX)		
		業が、

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Fl	orida street address
		_, 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

Page 1 of 2

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

٠..

.

<u>Title</u>	Name	Address	Type of Action
<u>(Memb</u> ee	Sue Wetting	80 Shaffee DR Tudiana, DA 151101	Add Remove
			Add Remove
			Add Remove 
	<b></b>		Add Remove
		·	Add Remove
			Add
D. If amending	g any other information, enter change(s MOVE the above men	s) here: (Attach additional sheets, if necessary.) nber Sue Wetting	
			<b>**</b>
Dated	;;;		-
X X	Signature of a member or	authorized representative of a member KUNKLE printed name of signee	
	I	Page 2 of 2	

Filing Fee: \$25.00