

LD9000100203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

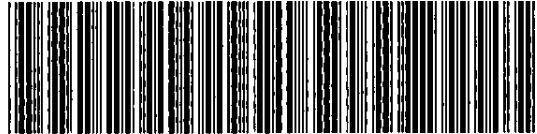
Special Instructions to Filing Officer:

L. SELLERS

OCT 26 2009

EXAMINER

Office Use Only



700161976787

10/23/09--01016--006 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 OCT 23 AM 8:10

FILED

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed are the articles of amendment to the articles of organization of Team Bushwacker, LLC along with a check for \$25.00, for the filing fee.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Patricia Mahaney
Team Bushwacker, LLC
c/o Foxie's Nest, LLC
P.O. Box 292037
Davie, Florida 33329

Phone: 954-581-1220 x101
Cell: 954-465-7693
Fax: 954-332-6922
Email: pmahaney@ammi.net

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Team Bushwacker 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:

Patricia Mahaney

Name of Person

Team Bushwacker LLC

Firm/Company

P.O. Box 292037

Address

Davie, Florida, 33329

City/State and Zip Code

pmahaney@ammi.net

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

For further information concerning this matter, please call:

Patricia Mahaney

Name of Person

at (954)

581-1220 x101

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Team Bushwacker 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 10/16/2009 and assigned
Florida document number L09000100203.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

City

FILED
09 OCT 23 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

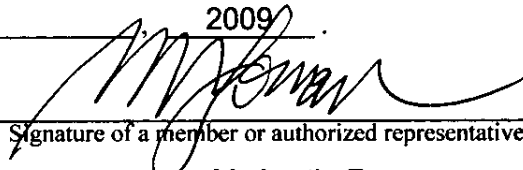
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Miles A. Forman	888 S.E. 3rd Avenue Fort Lauderdale, Florida, 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gregory S. McIntosh	2380 College Avenue Davie, Florida 33329	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Foxie's Nest, LLC	1804 SE 9 Street Fort Lauderdale, Florida, 33316	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 20 2009


Signature of a member or authorized representative of a member

M. Austin Forman

Typed or printed name of signee

09 OCT 23 AM 8:10
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA