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FILING CANCELLED RETURNED CHECK

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RINC A O YAM STOWNER IN

COVER LETTER

Division of Corporations	
SUBJECT: BOW MEGTA LCC	
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:	
WALTSI A. PETTS	
Bald MEds LCC	
2950 Cypress Creek Rd 202	
For Cauder das FC 33309 City/State and Zip Code Lay & Bo Color Media CC. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at SSY 36C-3862 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Numb	er Alle Felder
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	ate of Status & 🚆 🖓 🦠

TO:

Registration Section

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

FILING CANCELLED RETURNED CHECK

Inld Made 100	_		• • • •	*	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our record Liability Company)	rds.)		<u> </u>	
The Articles of Organization for this Limited Liability Compar	ny were filed on	whi ?	2 <u>670</u> and	d assigi	ned 🖔
Florida document number 2/00000 29648.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited list	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	shitity Company " the designation "I.I.	C" or the	abbraviatio		15 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new principal offices address, if applicable:	2950 Cypress C		Λ	1202	
(Principal office address MUST BE A STREET ADDRESS)	FT. Laudenda	965	FC. 3	?330	C
		·			
Enter new mailing address, if applicable:				4.7	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered	office address on our record	ds, ente	er thema	me ⊊ if	the new
registered agent and/or the new registered office address h		, <u>—</u>	主流	HAY	15) k 1
Name of New Registered Agent:			13SS 13SS		Epitologic Protection
New Registered Office Address:				₽ - -	1372
v .	Enter Florida street addr		SAIL SAIL	52	And Carlo
All the state of t	, l	`lorida ₋	Zip C	ode	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 = Mar	nager thorized Member	FILING CANCELLED RETURNED CHECK			
<u>Title</u>	<u>Name</u>	Address		Type of Action	
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Page 3 of 3

Filing Fee: \$25.00