# L10000017365

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D. BRUCE

JAN 20 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of Co	Section <sub>=</sub> orporations		
SUBJECT:	BAD L Name of Lim	LLC ited Liability Company	<del></del>
The englaced Assistance	of Amendment and fee(s) are su	hamittad for filing	
		-	
Please return all corresp	oondence concerning this matter	r to the following:	
	brian	Metzger	
		Name of Person	
	BAD	4	
		Firm/Company	
	3633 Frame	an the Or.	TALLA
	Palm Hacker,	City/State and Zip Code  bm a ama; / lom to be used for Juture annual report notification	ETARY OF
	Bametzger. E-mail address: (	to be used for future annual report notification	of STATE
For further information	concerning this matter, please of	<del>-</del>	
brian Me	Huse	at (727) 482 -060 Area Code & Daytime Tel	6
Name	of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BADL	44.		
(Name of the Limited Lia) (A Flor	bility Company as it now appears or rida Limited Liability Company)	on our records,)	
The Articles of Organization for this Limited Liabili	ity Company were filed on <u>Ja /</u>	22 nd 20115 and assigned	
Florida document number <u>L100000</u> 773		,	
This amendment is submitted to amend the followin	<b>g</b> :		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	-		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2	T JAN 18 AM	
3. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our address here:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Fintor	Florida street address	
	Enter Plorida Street address		
	City	, Florida 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 **Address Type of Action Title** <u>Name</u> MGRM Adam Orlando 3633 Fremantk Dr. Palan Harber FL 34684 Remove ☐ Add Remove ∏ Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Met 150
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00