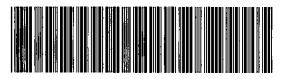
## L10000089561

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J. BRYAN

OCT -4 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	BOB's Tou	rs & Charters, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Laura Edge		
Name of Person			<del></del>	
	В	BOB's Tours & Charters		
		Firm/Company		
	585	5851 Holmberg Rd., #1015		
		Address	TASE O	
Parkland, FL 33067  City/State and Zip Code			CFE ASSEE, FLORID	
			SS - F	
		aura.edge@live.com to be used for future annual report noti		
			fication)	
For further information	concerning this matter, please of	all:	AND TO	
	Laura Edge	at ( 561 )	666-0324	
Name	of Person	Area Code & Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: ration Section	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOB's Tours			
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appear Liability Company)	s on our records.)	<del></del> ,
		0.05.40	
The Articles of Organization for this Limited Liability Company	were filed on	8/25/10	and assigned
Florida document number L10000089561			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> ;	
The new name must be distinguishable and end with the words "Lim	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
"L.L.C."	•		Po
Enter new principal offices address, if applicable:			いいので
(Principal office address MUST BE A STREET ADDRESS)			<b>多</b> 多 上 In
			Fig = C
			<b>巴</b> 约
Enter new mailing address, if applicable:			98 <b>:</b>
(Mailing address MAY BE A POST OFFICE BOX)	/		<b>ア</b>
			·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on o	ur records, <u>enter</u>	the name of the new
The second agent when the new registered unite address her	<u>c</u> .		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	<u>-</u>		
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
/			
that do not be a second			

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 **Type of Action Title Name Address MGMR** Gates, Douglas 308 Natwick Lane ☐ Add Schaumburg IL 60193 √ Remove Silveria, Zachary MGMR 1582 Redwood Lane Add 🔲 Stockton, CA 95202 ∇ Remove ☐ Add ☐ Remove Add Remove \_\_\_Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 28 2010 Dated Signature of a member or authorized representative of a member Laura Edge Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00