

L10000095433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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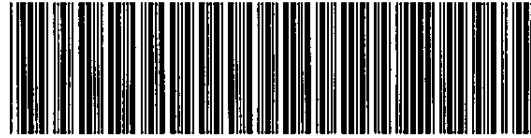
(Business Entity Name)

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TALLAHASSEE, FLORIDA

OCT 28 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOWLIFE, 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:

Stephanie Rowland
Name of Person

BOWLIFE
Firm/Company

10425 Russell Sampson Rd
Address

St. Johns, FL 32259
City/State and Zip Code

srowland@bowlife.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime 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)

☐ \$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

BOWLIFE

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephanie Rowland	10425 Russell Sampson Rd	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input checked="" type="checkbox"/> Remove
MGR	Stephanie Rowland	10425 Russell Sampson Rd	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input checked="" type="checkbox"/> Remove
AMBR	Stephanie Rowland	10425 Russell Sampson Rd	<input type="checkbox"/> Add
		St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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REC'D

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 13, 2014

Stephanie Rowland

Signature of a member or authorized representative of a member

Stephanie Rowland

Typed or printed name of signee

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Filing Fee: \$25.00

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