10000095433

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Na	me)
·	·	,
(Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u>.</u>	Office Use Or	nlv



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OCT 2 8 2014 S. YOUNG

COVER LETTER-

TO: Registration S Division of Co			
SUBJECT: 30	WIFE, LL	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Stephani	Rovvland Name of Person	
	BOINLIE	· F	
		Firm/Company	ZS ₹
	10425 RU	usell Sampson Ra	
	St. John	Address 15, FL 32259	24 PB
	Scoula	City/State and Zip Code Ad @ bowlife.co	m Sin
		to be used for future annual report notifi	cation) w
For further information of	concerning this matter, please ca	all:	
		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAW/IFF			
(Name of the Limited Liabili (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)	_
The Articles of Organization for this Limited Liability C Florida document number <u>L1000009543</u>		VI landay 1	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	· · · · · ·
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>	7
		<u>5</u> 2	
		<u> </u>	3 7
Enter new mailing address, if applicable:			,,,
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	1.
		San pre 1	$\bar{\omega}$
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or registered agent and/or the new registered agent agent and/or the new registered agent agen		ur records, enter the nar	me of the nev
Sold Herrican Carrow Have	. USB IIOV		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City	Zip Co	oae

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 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 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Stephanic Rowland	10425 Russel/Sampson Rd	
		St. Johns, FL 32259	Remove
MGR	Stephanie Rowland	10425 Russell Sampson E St Johns, FL 32259	
		Of Johns, FL 32259	X Remove
AMBR	Stephenie Rowland	10425 Russell Sampson R	7
		St. Johns, FL 32259	Remove
			_□ Add
		•	☐ Add ☐ ☐ ☐ Remove
			_
			□ Add
			Remove

,	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.
_	
_	
_	
_	
The effec	ve date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	October 13, 2014.
	Stochanie Kowland
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ALLAHASSO BEDOOR