## L10000104664

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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D. BRUCE

EXAMINER

## **COVER LETTER**

TO: Registrat	tion Section of Corporations				
SUBJECT:	BW	MAYIII, LLC	•		
		Name of Limited Liability Company			
The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	orrespondence concerning this matte	r to the following:			
		Barney W. May III			
		Name of Person			
		Firm/Company	·		
	1	520 N. Wickham Road		10 ALI	
		Address		DEC 16	***
Melbourne, FL 32935				1 7 1 7	
		City/State and Zip Code		PH 12:	
		to be used for future annual report notific	ation)	2: 38 TATE ORIDA	اسا
For further informa	ation concerning this matter, please	call:		>	
	Bill May		91-4373		
Ŋ	Name of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check	k for the following amount:				
<b>✓</b> \$25.00 Filing F	ee \$\begin{align*} \preceq \text{\$30.00 Filing Fee & Certificate of Status} \end{align*}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	i)
MAILING ADDRESS:		STREET/COURIE			

MAILING ADDRESS: 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

B	WMAYIII, LLC	<del></del>		
(Name of the Limited Liabili (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L</u> 0000104664	Company were filed on	October 6, 2010	and ass	igned
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the lin	nited liability company he	ere:		
	William May III, LLC		Ş.O	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation '	'LLC' or the	breviation
L.D.C.				
Enter new principal offices address, if applicable:	<del> </del>		<u> </u>	Investigative
(Principal office address MUST BE A STREET ADD	RESS)			· .
			FIGURE N	
				3
Enter new mailing address, if applicable:			200	) 
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter	the name o	f the new
Name of New Registered Agent:				
New Registered Office Address:	·····			<del> </del>
	Enter Florida street address			
		, Florida		
	City		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	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>		Address	Type of Action		
	<del>-</del>			Add Remove		
				Add Remove		
	<u> </u>	· · ·		Add Remove		
				Add Remove		
				Add Remove		
				Add Remove		
D. If an	mending any other info	rmation, enter char	nge(s) here: (Attach additional sheets, if necessary.)	<del>-</del>		
				10 DEC		
				Read of the		
	Ds			PHID: 33		
Dated _	DECOMBER 1	5 , 2 F2	010			
			per or authorized representative of a member			
		BARNEY	W. MAY III			
		Type	ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00