

L110000043718

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPABAY.PR.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BUSINESS WOMAN OF GP, LLC

Certificate of Status	1
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No. 8513 P. 2

**Business Women of Gulfport, LLC  
3119 Beach Blvd S  
Gulfport FL 33707  
(727)498-8950**

**January 13, 2014**

I certify that Business Women of Gulfport, LLC, Document Number L0900063812, will never be reinstated and the name is free to be used by another entity.

Sincerely

*Barbara Banno*

Barbara Banno  
Mgrm  
Business Women of Gulfport, LLC

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No. 8513 P. 3

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BUSINESS WOMAN OF GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 11, 2011 and assigned  
Florida document number L11000043718

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUSINESS WOMEN OF GULFPORT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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

Jan. 13. 2014 1:41PM

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No. 8513 P. 4

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>
<u>MGRM</u>	<u>Bambara BANDO</u> ↑ My NAME Mrs 2 N's & I see the original Paper work only Had 1 N	<u>2618 Tipton St S</u> <u>Gulfport FL 33707</u>	<input checked="" type="checkbox"/> Add Correction <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGRM</u>	<u>Bambara BANDO</u>	<u>2618 Tipton St S</u> <u>Gulfport FL 33707</u>	<input type="checkbox"/> Add Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 JANUARY 13, 2014

Barbara Banno

Signature of a member or authorized representative of a member

BARBARA BANNO

Typed or printed name of signee

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