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B. BOSTICK

OCT 2 2 2013

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kelly Sylvesta Name of Person
	Firm/Company ES 3
	Firm/Company  1539 Paul Russell RD 19+3B  Address  Talluhasser FL 32301  City/State and Zip Code
	Talluhasser + L 32301  City/State and Zip Code  E-mail (ddress: (tybe used for filture annual Jeport notification)  Talluhasser + L 32301  E-mail (ddress: (tybe used for filture annual Jeport notification)
For fur	ther information concerning this matter, please call:
	Name of Pelson at (850) 264 - L1316 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$2:	5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Solution Filing Fee Certified Copy (additional copy is enclosed)  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on committed Liability Company)	LC our records.)	
The Articles of Organization for this Limited Liability C	• •	and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lim	ited liability company here:		
Lady Bear Bow The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u>ş</u> <u>ç.</u> 3	
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	ر مرا
Enter new mailing address, if applicable:		2 AH 9:1	1°
(Mailing address MAY BE A POST OFFICE BOX)		<b>夏帝 </b>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our l ress here:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Fire I	lorida street address	
	Emer r		
	City	, Florida 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 = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			Remove	
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
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<del></del>	
Dated	oct 22, 2013
	Signature of a member or authorized representative of a member
,	Kelly Silveste
	Typed or printed name offsignee  Page 3 of 3

Filing Fee: \$25.00

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