

#/ 11000136211

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 31 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bikini Weenies, 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:

William Kerbs

Name of Person

Bikini Weenies, LLC

Firm/Company

5602 Cape Harbour Drive Unit 402

Address

Cape Coral, FL 33914

City/State and Zip Code

bill.kerbs@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Kerbs

Name of Person

at ( 239 )

849-2764

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
12 AUG 30 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bikini Weenies, 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 December 2, 2011 and assigned  
Florida document number L11000136211.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

5602 Cape Harbour Drive #402

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, FL 33914

Enter new mailing address, if applicable:

5602 Cape Harbour Drive #402

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, FL 33914

**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:

William Kerbs

New Registered Office Address:

5602 Cape Harbour Drive #402

*Enter Florida street address*

Cape Coral

Florida

33914

*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:

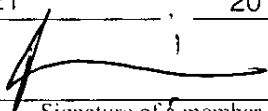
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Randy C. Fox	2830 Avenue Pierre Dupuy Suite 503 Montreal Quebec Canada H3C6N3	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William Kerbs	5602 Cape Harbour Drive #402 Cape Coral, FL 33914	<input checked="" type="checkbox"/> 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

no amendments

Dated August 21, 2012



Signature of a member or authorized representative of a member

Randy C. Fox

Typed or printed name of signee