# 1/200036286

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



200299041722

05/18/17--01015--012 \*\*25.00



MAY 1 9 2017 Y SULKER

# **COVER LETTER**

TO:	Registration Se Division of Cor		• "	
SUBJI	ECT:	Name of Lim	HOLDINGS	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		512	Name of Person	oneBow
			Name of Person	
		٢	ONGBOW LAND HOL	DINGS
			Firm/Company	<del></del>
		8897	VIA BRILLIANTE	<u> </u>
			Address	<del></del>
		WE	WINGTON FL 33	411
			City/State and Zip Code	
		1 N Fo @ E-mail address: (	DLONG BOWLANDHOLE to be used for future annual report notifie	ornas, com
For fur	ther information c	oncerning this matter, please ca	all:	
	SIHONE	MILLSA	at (561 ) 801- Area Code Daytime	1514
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
<b>≱</b> \$2.	5.00 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

LONG BOW LA	FUD HOLDINGS		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) nability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3}{14/2012}$	and assigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	MILLER/LONGBOW		
(Principal office address MUST BE A STREET ADDRESS)	MILLER/LONGBOW 8897 VIA BRILLIA	NTE	····
	WELLINGTON FL	33411	<u> </u>
Enter new mailing address, if applicable:	MILLER/ LONGBOW		
(Mailing address MAY BE A POST OFFICE BOX)	MILLER/ LONGBOW 8897 VIA BRILLIA	<b>ル</b> で巨	
	WELLING TON FL	33411	
B. If amending the registered agent and/or registered of		the name of th	<u>ie new</u>
registered agent and/or the new registered office address here	<b>:</b>		<b>3</b>
Name of New Registered Agent:		567	<del></del> -
New Registered Office Address:			.,
	Enter Florida street address	TLORING TO	1.7 i
<del></del>	, 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** SIMONE MILLER MGR \_□ Add \_□ Remove 8897 VIA BRILLIANTE WELLINGTON FL 33411 **☑** Change ☐ Add □ Remove \_□ Change □ Add ∴□ Change \_□ Change □ Add \_□ Remove ☐ Change □ Add \_□ Remove

☐ Change

				·		<del></del>
						<del></del>
<del></del> -	<u> </u>	<del></del>				
					······································	<del></del>
<del></del>	<u>-</u>					
<del></del>						
					301	
		<del> </del>			ر مدو الحدة	17
					<u> </u>	
					€92 €37 177~	60
<del></del>						3.7
<del> </del>					<u> </u>	City TO
(If an effective date is I Note: If the date in	other than the date of fisted, the date must be specifiserted in this block does r	c and cannot be prior to	ole statutory filing rec	( <b>optional</b> ) han 90 days after filing. quirements, this date	) Pursuant to will not be	605.0207

Page 3 of 3

Filing Fee: \$25.00