L12000083583

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10 ACKNOWLEGGE SOFFICIENCY OF FILING ECHA CALCASSATIONS

13 APR 15 PH 2: W

APR 1 5 2013 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Boble	N Evidenorises Name of Limit	LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William Bo 589 Fost Int	Name of Person Prinational Specillory Firm/Company	Blvd.
		Address	
	_	City/State and Zip Code PNO 6 Mil - COM o be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	all:	
William Bo	Mk(1) of Person	at (386) 956 · 59 Area Code & Daytime To	
Enclosed is a check for t	he 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)
MAIN	INC ADDDESS.	STDEET/COUDIED	A DDDESS.

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

Bohlen Enterprises	HC	
(<u>Name of the Limiled Liability C</u> (A Florida Lir	Company as it now appears on our recomited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000083583</u>	mpany were filed on	13 and assigned
This amendment is submitted to amend the following:		13 SEI
A. If amending name, enter the new name of the limited	ed liability company here:	APR APR
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the desig	
Enter new principal offices address, if applicable:		STA ?
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u>6</u> 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		orida
	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> Name Address **Type of Action** Darrich W. Bohlen 589 E. International Sporting Dolard, 196 32724 Remove Remove Remove Remove Add Remove

lfamo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
ated	
aica	Wal Bl
	Signature of a member or authorized representative of a member Dayvich Bollem.
	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE