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B. BOSTICK

OCT - 8 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Towonne bland Name of Person
Tawanna D. Bland Firm/Company
17/000 Nony Rel unit le 03
Sunny Istu Bench R 33/40  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thwanna bland at (780) 417-3778 & was 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, 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

NWhnh h (Name of the Limited Li (A F)	ability Company	as it now appears on	our records.)	
The Articles of Organization for this Limited Liab	ility Company v	1.1	4 18,2012	_ and assigned
Florida document number <u>L12000093</u>	102.		)	12
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	Ü	ity company here:		130
TAB Bout	11. 9um		he designation tLLC	or the abbreviation
"L.L.C." Enter new principal offices address, if applicab	le:	illi Bizer	inge Blad	817 Fine
(Principal office address MUST BE A STREET)	ADDRESS)	Minmi, N	33/8/	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIN BUCAR	of Plas	m1 118
B. If amending the registered agent and/or registered agent and/or the new registered offic			ecords, enter the	name of the new
Name of New Registered Agent:			1	
New Registered Office Address:	11111 P	Millioune blrd Enter Fl	orida street addres.	mm, 1233181
	Minui	City	, Florida	3\X\ 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 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>Address</u> Title **Name** Type of Action Remove □Add Remove ☐ Add Remove Add Remove 5 **∐**Add . □Remove ယ့ 9 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00