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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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AUG 2 0 2012 T. HAMPTON

COVER LETTER

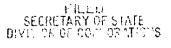
TO: Registration Sect Division of Corpo				
SUBJECT:	Bostick Land Services, LLC Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matter to the following:			
	William Guy Bostick Name of Person			
	Bostick Land Services, LLC Firm/Company			
	4106 Shoal Green Ct Address			
	City/State and Zip Code			
	Bostickland Services @ Vahoe. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
(A)illiam Name of	Person at (863) 521 - 6692 Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Securified 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



12 AUG 17 AM 11:58

0	0	TE ROOT / KITTI GO
Bostick Land	Jervices LL	_C
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears o Limited Liability Company)	n our records.)
	I	l 1
The Articles of Organization for this Limited Liability (Company were filed on	20 2012 and assigned
Florida document number <u>L120000951.5</u>	ماه.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
manning data cos mili ba mil obi of i i obi of		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
Traine of New Registered Agent.		
New Registered Office Address:	r ,	Florida street address
	Enter	r toriaa street aaaress
		, Florida
	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 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 **Title** Type of Action **Address Name** Logan Cook Bostick MGRM Remove ☐ Add Remove ☐ Add ☐ Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) BIOITTO - 04 # 113/ I39 signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

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Filing Fee: \$25.00