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SECRETARY OF STATE

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## **COVER LETTER**

TU:

**Registration Section** Division of Corporations

Bass Development, 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:

Bowen A. Arnold

Name of Person

**DDA Development** 

Firm/Company

1215 N. Franklin

Address

Tampa, Florida 33602

City/State and Zip Code

barnold@ddadevelopment.com

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

For further information concerning this matter, please call:

Bowen A. Arnold

 $at \, ( \underbrace{ 239 \underbrace{ 849\text{-}7443}_{\text{Area Code \& Daytime Telephone Number}}$ 

Name of Person

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

	iss Development, LLC		
(Name of the Limited Lis	ability Company as it now apper orida Limited Liability Company)	ars on our records.	.)
(A.FR	onga Emitted Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on	08/30/2012	and assigned
Florida document numberL12000111484			高 三 三
This amendment is submitted to amend the following			and assigned  FILE  SECRETARY OF PHACE AND SEED.
A. If amending name, enter the new name of th	e limited liability company he	e <u>re</u> :	PHIE:
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Comp	pany," the designati	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<del>_</del>
B. If amending the registered agent and/or	9	our records, en	ter the name of the nev
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	E	Enter Florida stree	t address
		. Florid	a
	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>	Address	Type of Action
MGRM	Christopher Straka	560 Heron Drive	Add
		Merritt Island, Florida 32	952 Remove
			<u>.</u>
<del></del>			Add
			Remove
			<u> </u>
			Add
			Remove
			FIL Mina oct I
			Remove 2
			Add
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			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	0 oto 5m - 15 2013
Dated	0 ctoSm 15°, 2013.
	Signature of a member or authorized representative of a member
	Bowen A. Arnold  Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00