## (Requestor's Name) (Address) 000249821180 (Address) (City/State/Zip/Phone #) PICK-UP MAIT WAIT MAIL 08/16/13-+01015--002 \*\*25.00 (Business Entity Name) (Document Number) Certificates of Status \_ Certified Copies \_ Special Instructions to Filing Officer:

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J. SAULSBERRY EYAMINER

## COVER LETTER

TO: Registration Sect Division of Corp				
SUBJECT: BU	batek L		<del></del>	
	Name of Limit	ed Lizbility Company		
The enclosed Articles of A	mendinent and foe(s) are solu	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Jeffrey	Name of Person		
	925 Pin	Firm/Company edale Ave		
	Orlando	City State and Zip Code	2013 AUG	: : 2
	E-mail address: (to	be used for future annual report notification	9 5	· · ·
For further information con	cerning this matter, please ca	Л:		
Jeffrey Name di	Dennis	at (407) 202 30 Area Code & Daytime Tel		•
Enclosed is a check for the	following amount:			
<b>2</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□855.00 Filing Fee & Certified Copy (additional copy is enclosed)	D\$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

Bubatok	LLC		
(Name of the Limited Liability C. (A Florida Lim	ompany as it now appears of ared Liability Conquany)	onr records.)	
The Articles of Organization for this Limited Liability Con Florida document number L/2000 12 2410	npany were filed on <u>64 /</u>	25/2 and assign	e <b>d</b>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbr	reviation
Enter new principal offices address, if applicable:		,	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	2013	·
		2	
	,		r maryan. A gran r
Enter new mailing address, if applicable:			ί . ''Υ'
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	-0 T	·
		3 <u>≥ 9</u>	•
	· · · · · · · · · · · · · · · · · · ·	<del>27. 8</del>	<del></del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office addresses		records, enter the name of t	he new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	Casp.	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 Title Name Type of Action Jeffrey Dennis II 925 Pinedale Ave X Remove Remove Remove

lf an	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
:d	August 14th. 2013.
	Signature of a presuber or anthorized representative of a member
	Dettrou Donnis II
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 AUG 19 AM 8: 25