# L12000135999

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SECRETARY OF STATE

J. BRYAN

NOV -9 2012

**EXAMINER** 

# **COVER LETTER**

	ion Section of Corporations		
SUBJECT:	Bow	/ Toes, LLC	
3000000		ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matte	r to the following:	TALLAHASSEE, FLORIO
		Jamie Rayko	SET P
		Name of Person	
		Bow Toes, LLC	09
		Firm/Company	Dr.
	1	360 Celebration Ave.	
		Address	
		Celebration, FL 34747	
	:	City/State and Zip Code	
	E-mail address:	amierayko@me.com to be used for future annual report not	ification)
For further information	ation concerning this matter, please		
	Jamie Rayko	et ( 407 )	744-4034
<u> </u>	Name of Person	at ( 407 ) Area Code & Daytin	ne Telephone Number
Enclosed is a checl	c for the following amount:		
\$25.00 Filing F	-	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

B	ow roes, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear	s on our records.)	
(A Fiorida	Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	10/25/2012 and ass	igned
Florida document number L12000135999			
	<del></del>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company ber	e:	
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	±.	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the a	bbreviation
		As E	
Enter new principal offices address, if applicable:			77
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	
		752 1	
			1
		लिंद्र उ	2
Enter new mailing address, if applicable:			$\frac{1}{3}$
		975	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			<b>6</b>
		. 32	
B. If amending the registered agent and/or regis	stered office address on o	our records, enter the name o	f the new
registered agent and/or the new registered office ad-			
Name of New Registered Agent:			
New Registered Office Address:		. m	
	En	ter Florida street address	
		, Florida	
	City	Zip Code	?
	C.i.y	2.0 0000	-

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u> Fitle</u> <u>Nan</u>	<u>ne</u>	Address	Type of Action
MGRM Jar		1360 Celebration Ave Celebration, FL 34747	_ Add _ Remove
<del></del>	<del></del>		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
		TASEC.	Add Remove
Tramending any	other information, enter change(s)	here: (Attach additional sheets, if necessary)	FILED NOV-8 PM 2: 09
		UNION A	:09 -
Dated O	ctober 25 , 2012		
	Jai	mie Rayko rinted name of signee	

Page 2 of 2

Filing Fee: \$25.00