

#L13000023086

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 23 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **The Buda'Rowe Group 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:

Melissa Royer

Name of Person

The Buda Rowe Group LLC

Firm/Company

2194 Hwy A1A

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

mroyer@budarowe.com

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

For further information concerning this matter, please call:

Melissa Royer

Name of Person

at (**321**) **241-6451**

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,
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**

FILED
13 OCT 21 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Buda'Rowe Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/13/2013 and assigned
Florida document number L13000023086.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Buda Rowe Group LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Bernadette B Rowe

New Registered Office Address: 2194 Hwy A1A # 210

Enter Florida street address

Indian Harbour Beach, Florida 32937
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.

Bernadette B. Rowe
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Garry P Geertsma</u>	<u>2194 Hwy A1A #210</u>	<input type="checkbox"/> Add
		<u>Indian Harbour Beach, FL 32937</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Bernadette B Rowe</u>	<u>2194 Hwy A1A #210</u>	<input checked="" type="checkbox"/> Add
		<u>Indian Harbour Beach, FL 32937</u>	<input type="checkbox"/> Remove
<u>mGR</u>	<u>Michael E. Rowe</u>	<u>2194 Hwy A1A #210</u>	
		<u>Indian Harbour Beach, FL 32937</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10/15, 2013.

Bernadette B. Rowe

Signature of a member or authorized representative of a member

Bernadette B Rowe

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00