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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

JAN 15 PH 3: 2

COVER LETTER

TO: Registration Se Division of Con		`	
SUBJECT:	he Shop of B	Bradenton, Ll ed Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRIS	CANTWELL	
		Name of Person	
	The	Shop of Brade	enton, LLC
		Firm Company	*
	540 13	5th St. W.	
		Address	
	Brade	uton, FI 342	05
	chriscan.	Address Hon, F2 342 City State and Zip Code twell & Mac. C	ощ
	E-mail address: (t	o be used for future amund report notificati	on)
For further information of	concerning this matter, please co	att:	
N/A		at () Area Code & Daytime Te	
Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for t	he 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 2014 JAN 15 PM 3: 26

	OF	: CC/:	DOTAIN OF ALL
		deuton TALY	SEE, FLORIDA
(Name of the Limited Liability (A. Florida	ty Company as it now ap Limited Liability Compa	pears on our records.)	
•	•		
The Articles of Organization for this Limited Liability	Company were filed on	6/10/13	and assigned
Florida document number <u>L/3000083</u>	889	1	
Florida document number <u>L/3 (///////////////////////////////////</u>	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
21. If all cloning family class the new famile of the in-	ince incline company	HCAV.	
The new name must be distinguishable and end with the wa"L.L.C."	ords "Limited Liability Co	ompany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:	The state of the s		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office ad-	dress nere:		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add	hress
		Florida	
	Ciţy		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, <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>Title</u>	Name	Address	Type of Action
MGRM	John Cantwell	7822 Portosuno Ave	X Add
		7822 Portosuno Ave Bradenton, FL 34209	Remove
			Add Remove
			Add
<u> </u>			Add Remove
***************************************			Add Remove
			Add Remove
			_

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Dated_	Jan, 13th 2014 D
	Cr-agel
	Signature of a member or authorized representative of a member
	CHRIS CANTWELL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JAN 15 PH 3: 26
SECRETARY OF STATE