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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bigtree South 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:
Jamie Bunkley Name of Person
Tax Savers
1300 Enterprise Dr. Unit A
Port Charlotte, FC 33953 City/State and Zip Code jamie @ taxSaversfl.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jamie Bunkley at (941) (025-1925 Name of Person at (941) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (cadditional 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

Bigfree Son Name of the Limited Liability	Y Company as it now appears on our records.) Limited Liability Company)	_
The Articles of Organization for this Limited Liability Co		d assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the abbreviate	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	<u> </u>
		5 電子
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		33.5
		<u>.</u>
		——————————————————————————————————————
B. If amending the registered agent and/or regist		ime of the new
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jill D Daniels	1184 Le Mars Ave	X Add
		1184 Le Mars Ave Port Charlotteft 339	Remove
			□ Remove
			Add
			□ Remove
			9 PNR 11
			S Page 4: 50
			□ Add
			Remove
			Add
			Remove

thending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ctive date, if other than the date of filing:(optional)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
May 16 2014.
Signature of a member or authorized representative of a member
•

Page 3 of 3

Filing Fee: \$25.00

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