

L13 0000094174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

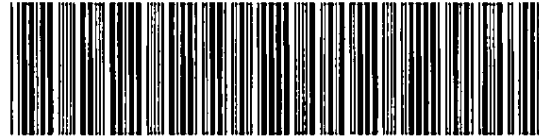
(Business Entity Name)

(Document Number)

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03/02/20--01010--023 **25.00

R. WHITE
MAR 20 2020

2020 MAR 20 1:00 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Be Our Guest Marketing, 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:

Laura Fadok

Name of Person

Be Our Guest Marketing, LLC

Firm/Company

PO Box 112

Address

Istachatta FL 34636

City/State and Zip Code

laurafadok@gmail.com

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

For further information concerning this matter, please call:

Laura Fadok

321 693-3083
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Be Our Guest Marketing, LLC

2013 1-2 PM 1:00

(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 07/01/2013 and assigned
Florida document number L13000094174.

This amendment is submitted to amend the following:

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

The Trail Post, LLC

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

Enter new principal offices address, if applicable:

16344 Daviston Lane

(Principal office address MUST BE A STREET ADDRESS)

Brooksville FL 34601

Enter new mailing address, if applicable:

PO Box 112

(Mailing address MAY BE A POST OFFICE BOX)

Istachatta FL 34636

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

January 28, 2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00