

L13000147869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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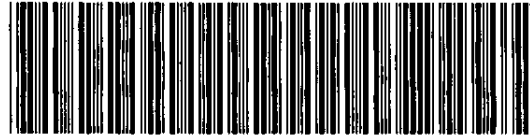
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 5 2013

7:11 AM '13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobby's Sweepers 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:

William R. McClain

Name of Person

Bobby's Sweepers LLC

Firm/Company

1134 Woodruff Ave., Apt. # 1

Address

Jacksonville, FL 32205

City/State and Zip Code

Loganred69@gmail.com

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

For further information concerning this matter, please call:

William R. McClain

Name of Person

904 672-6598

at ()

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**

Bobby's Sweepers 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 October 21, 2013 and assigned
Florida document number L13000147869

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1134 Woodruff Ave.

Apt. # 1

Jacksonville, FL 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1134 Woodruff Ave.

Apt. # 1

Jacksonville, FL 32205

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:

William R. McClain

New Registered Office Address:

1134 Woodruff Ave., Apt. # 1

Enter Florida street address

Jacksonville

City

Florida 32205

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, 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>
MGRM	William R. McClain	1134 Woodruff Ave.	<input type="checkbox"/> Add
		Apt. # 1	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32207	
MGRM	William R. McClain	1134 Woodruff Ave.	<input checked="" type="checkbox"/> Add
		Apt. # 1	<input type="checkbox"/> Remove
		Jacksonville, FL 32205	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove


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TALLAHASSEE, FLORIDA

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

Dated October 21 2013



Signature of a member or authorized representative of a member

William R. McClain

Typed or printed name of signee

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Filing Fee: \$25.00

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