

413000163583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

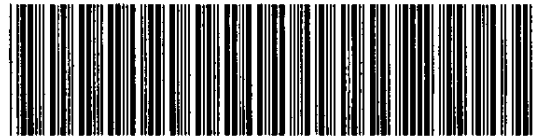
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

DEC 04 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 215 BAMBOO, 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:

J. DAVID YOUNG, MNGR.
Name of Person

215 BAMBOO, LLC
Firm/Company

P.O. Box 100
Address

HIGHLANDS, NC 28741
City/State and Zip Code

theyoungsinwnc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. DAVID YOUNG at (828) 526-9916
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

215 BAMBOO, 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 Nov. 21, 2013 and assigned Florida document number L13000163583-1/1

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

382 MAIN STREET

HIGHLANDS, NC 28741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 100

HIGHLANDS, NC 28741

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

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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.

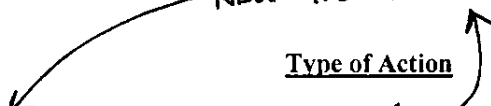
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGRM	J. DAVID YOUNG	P.O. Box 100 HIGHLANDS, NC 28741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	MARGARET S. DEVLIN	316 SOUND BEACH AVE OLD GREENWICH, CT 06870	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	CARLTON E. YOUNG	P.O. Box 132 MONTEAGUE, TN 37356	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	OLIVER E. YOUNG III	218 EAST SECOND STREET PASS CHRISTIAN, MS 39571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	DANIEL D. YOUNG	522 TYSON'S FOREST DRIVE ROCK HILL, SC 29732	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

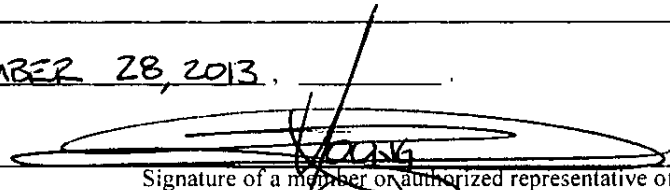
NEW P.O. Box #!



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

Dated NOVEMBER 28, 2013.



Signature of a member or authorized representative of a member

John DAVID YOUNG
Typed or printed name of signee

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Filing Fee: \$25.00

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