L14000043850

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J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: BOV	VS AND ARRO	WS LLC	
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	f Amendment and fee(s) are sub	-	
Please return all corresp	oondence concerning this matter	to the following:	
	Matthew T.	Sluizer	
		Name of Person	
	BOWS AND	ARROWS LLC	
		Firm/Company	
	16806 Desti		
		Address	
	Parrish, FL		
	howeandarrowed	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Matthew T	. Sluizer	_{at} 941 ₎ 776-86	601
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
	☐ \$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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOWS AND ARROWS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L14000043850</u>	vere filed on March 17, 2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the abb	<u>~ ~_`</u> ` →.
Enter new principal offices address, if applicable:		101
(Principal office address MUST BE A STREET ADDRESS)		9 025
		<u>구</u> 건요년
		?: 2
Enter new mailing address, if applicable:		12 10#
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
new registered office reduces.	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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am fai rovided for in Chapter 605, F.S. Or, if	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			14 JUE -9
			R R R SATE OF STATE OF SATE OF
			Add
			□ Remove
			□ Add
			Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) ase amend the titles of authorized persons Chelsea N. Havelka and Matthew T. Sluizer from "P" and "VP" to both reflect MGR.
(The effect	e date, if other than the date of filing:
Dated J	luly 1, 2014
	Matthew Luxu
	Signature of a member or authorized representative of a member Matthew T. Sluizer
	Typed or printed name of signee

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Filing Fee: \$25.00

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