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SECRETARY OF STANSA

Mari Bridge

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	Bows and A	rrows LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Chelsea Havelka				
			Name of Person			
		Bows and Arrows LLC				
	Firm/Company 16806 Destrehen Court Address					
		Parrish, FL 34219				
			City/State and Zip Code			
		bowsandarrowsco2013@gn				
		E-mail address: (to be used for future annual report notif	ication)		
For further is	nformation co	oncerning this matter, please ca	all:			
Chelsea Hav	velka		941 776-8601		SECONOMIC NATURAL NATURA NAT	-11
	Name of	Person	Area Code Daytime	e Telephone Number	RAY 23 AHASSEE	
Enclosed is a	a check for th	e following amount:			70	Ö
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	g Feer of Status &⊖	345

MAILING ADDRESS:

TO: Registration Section

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

Bows and Arrows LLC

(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L14000043850	Liability Company were filed on March 17, 2014	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	I/or registered office address on our records, <u>enteroffice address here</u> : Chelsea Havelka	the name of the new
		
New Registered Office Address:	Enter Florida street address , Florida	ANE AN
	City	C Zip CodeJ
New Registered Agent's Signature, if changing	Registered Agent:	TO TO
provisions of all statutes relative to the prop accept the obligations of my position as reg	ed agent and agree to act in this capacity. I further ago per and complete performance of my duties, and I am ristered agent as provided for in Chapter 605, F.S. Or registered office address, I hereby confirm that the li- s change.	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Matthew Sluizer	16806 Destrehen Court	
		Parrish, FL 34219	Remove
			☐ Change
	 		Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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			Remove Control Charles Control Charles
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ated	11/11/16	/ }		<u> 16</u> .					U U
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3		Signature	of a member	or authorized re	presentative of	a member		- 5 -	ين. ت

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00