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COVER LETTER

Division of Cor	porations					
SUBJECT: <u>ADPARABABABA AND LOGGE</u> DAY & NECKT BOFL BOWL UC. Name of Limited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	JOHN A	Name of Person				
		Firm/Company				
	P.O. BOX 3/1	Address				
	(RANFORD V	City/State and Zip Code	727			
	E-mail address: (to be used for future annual report notifi	cation)			
For further information co	oncerning this matter, please ca	all:				
JOHN A JU	Mrs= 7-	at (853) 2 (9 - 0	3 UYS			
Name of	rerson	Area Code Daytime	rereptione Number			
Enclosed is a check for th	e 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)			
			AD A DADDIGG			

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

(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 Com	npany were filed on ARAFL /	T doi 4 and assigned
Florida document number <u>L14000561424</u>	, , , , , , , , , , , , , , , , , , ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
LADARARARARARA TOULSON & JOHN	USON BOFL BONDS	LLC
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "	
Enter new principal offices address, if applicable:		SE SE
(Principal office address MUST BE A STREET ADDRES	55)	
		2014 JUN 24 SEURE JARI TALL AHASS
Enter new mailing address, if applicable:		TOS T
(Mailing address MAY BE A POST OFFICE BOX)		DRITE OR
		Ţ.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add
			□ Add
			☐ Remove
			Add
		Remove	
			2014 JUN 24 SECRETARASS
			A 24 PH 1:16 A SSER FLORIDA
			Add
			☐ Remove