L14000075606

(I	Requestor's Name)	
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PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
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Special Instructions t	to Filing Officer:	
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C. GOLDTN

COVER LETTER

Division of Corp			
SUBJECT:	LBWU, LI	LC	
	Name of Limit	ed Liability Company	
	,		
The enclosed Articles of A	\mendment and fee(s) are subm	aitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	T. Buckingham	Bird	
		Name of Person	
	T. Buckingham	Bird, Attorney at	Law
		Firm/Company	
	165 E. Dogwoo	od Street .	
		. Add re ss	
·	Monticello, E	Florida 32344	
		City/State and Zip Code	
	tbird@birdlav	wfl.com	
	E-mail address: (to	be used for future annual report notific	cation)
For further information co	ncerning this matter, please cal	1:	
T. Buckingham	Bird	at (850) 997-35	03
Name of	Person	at (850) 997-35 Area Code Daytime	Telephone Number
	•	•	
Enclosed is a check for the	following amount:		
X \$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

FILED 2810 NOV-5 MG 4:42

LBWU,			TI AHASSEE FLORES
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000075606</u>	oility Company were filed on <u>May</u> 9	2014	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	n "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, ente	r the name of the new
Name of New Registered Agent:	Bette Lynn Carswell		
New Registered Office Address:	739 Beth Page Road		
	Enter Florida street	address	
	Monticello City	, Florida _	32344 7in 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.

Ste Lynn Carowell
If Changing 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 Bette Lynn Carswe	<u>Bette Lynn Carswe</u> ll	739 Beth Page Rd. Monticello, FL 32344	X XAdd
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
MGR	Bette R. Boland	12439 Gamble Road Monticello, FL 32344	D Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
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			□ Change

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Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Bette Lynn Caroul L Signature of Anember or authorized representative of a member
	Bette Lynn Carswell
	Typed or printed name of signee

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Filing Fee: \$25.00