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## COVER LETTER

TO: Registration Section
Division of Corporations

BOURDON AND RACE PLLC.

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:

David Varet
Name of Person
Firm/Company
100 South Eola Drive - APT 1406
Address
Orlando, FL 32801
City/State and Zip Code
dvaret@gmail.com
E mail address: (to he used for fitting annual report notification)

For further information concerning this matter, please call:

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

David Varet

<sub>at</sub> 407, 488-6006

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 Statis & Certified Copy (additional copy is enclosed)

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

(Same of the Limite		ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L14000094562</u>		were filed on 6/12/14	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
Bourdon & Race, PLLC			
The new name must be distinguishable and end with the v	vords "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		100 S. Eola Drive	
(Principal office address MUST BE A STREET ADDRESS)		Apt 1406	
		Orlando, FL 32801	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		100 S. Eola Drive Apt 1406 Orlando, FL 32801	
B. If amending the registered agent and/or the new registered of			he name of the nev
Name of New Registered Agent:	David Varet		
New Registered Office Address:	100 S. Eok	a Drive	
	Enter Florida street address		
	Orlando	, Florida <u>32</u>	301
New Registered Agent's Signature, if changing R	egistered Agent;	City	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the reflect a change in the result.	r and complete p tered agent as p	performance of my duties, and I am fa rovided fo <mark>r in Chapt</mark> er 605, F.S. Or, ij	miliar with and this document is

Page 1 of 3

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 = Authorized Member **Title** <u>Name</u> **Address Type of Action** 100 S. Eolar Drive # 1'406 □ Add **David Varet MGR** Orlando, FL 32801 Remove **David Varet** 100 S. Eola Drive MGR Add Apt 1406 ☐ Remove Orlando, FL 32801 ☐ Remove □ Remove □ Add

). If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	FACELITY FOLIA
	cective date, if other than the date of filing:
Da	ted June 18 , 2014.
	Signature of a member or authorized representative of a member
	David Varet
	Typed or printed name of signee

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Filing Fee: \$25.00

