

L14000124495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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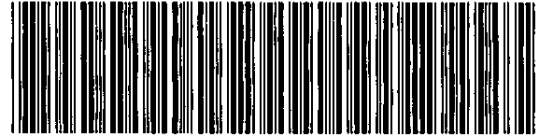
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Candlewick Properties LLC**

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:

Joseph Kiessig

Name of Person

Formerly Candlewick Properties LLC

Firm/Company

1117 N Dearborn St. Unit 509

Address

Chicago, IL 60610

City/State and Zip Code

j.kiessig@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Kiessig

Name of Person

at **312 369 9377**

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 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**

Candlewick Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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14 OCT 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/8/2014
Florida document number L14000124495

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bunkers Cove Capital LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

311 Hollis Avenue Panama City, FL 32401

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

311 Hollis Avenue Panama City, FL 32401

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joseph Kiessig

New Registered Office Address:

311 Hollis Avenue

Enter Florida street address

Panama City

City

Florida 32401

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

Page 1 of 3

SIGNATURES:


JOEY KIESSIG:

MATT HILL:

Matthew Hill

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mathew Hill	1307 Savannah Drive Panama City, FL 32405	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Joseph Kiessig	1117 N Dearborn St. Unit 509, Chicago, IL 60610	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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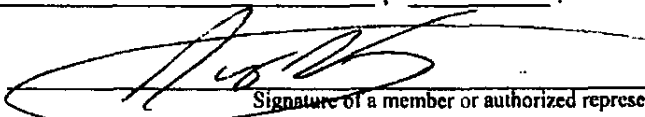
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE REMOVE MATTHILL completely
From this company, along with the other
corporate changes indicated within this document.
THANK YOU.

E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 3rd, 2014



Signature of a member or authorized representative of a member

Joey Kiessig and Matt Hill

Typed or printed name of signee