

L150000 34948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Acqu. entity must be  
regist.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

AUG 02 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2016

VALERIE BOWMAN  
1815 MOORINGS CIRCLE  
MIDDLEBURG, FL 32068

SUBJECT: JUNE THIRD ENTERPRISES LLC  
Ref. Number: L15000034948

We have received your document for JUNE THIRD ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**ACQUIRING ENTITY MUST BE REGISTERED ON SUNBIZ**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 516A00014757

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** June Third Enterprises LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Interest Exchange and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Bowman

Name of Person

June Third Enterprises LLC

Firm/Company

1815 Moorings Circle

Address

Middleburg, FL 32068

City/State and Zip Code

vgbowman@comcast.net

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

For further information concerning this matter, please call:

Fionnuak R. Geoghegan

Name of Person

at ( 904 ) 268-7808

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Important Notice:** Pursuant to s. 605.0212 (11), F.S., as a condition of an interest exchange between a limited liability company and another entity under s. 605.1031, the limited liability company and each other entity that is a party to the interest exchange which exists under the laws of this state, and each party to the interest exchange which exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of interest exchange are submitted to the department for filing.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

June Third Enterprises LLC

(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 Company were filed on 2/25/15 and assigned  
Florida document number L15000034948.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, 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 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>                        | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|------------------------------------|----------------------|--|
| MGR          | The Bowman Hand<br>Revocable Trust | 1815 Moorings Circle | <input checked="" type="checkbox"/> Add    |
|              |                                    | Middleburg, FL 32068 | <input type="checkbox"/> Remove            |
|              |                                    |                      | <input type="checkbox"/> Change            |
| MGR          | Valerie G Bowman                   | 1815 Moorings Circle | <input type="checkbox"/> Add               |
|              |                                    | Middleburg, FL 32068 | <input checked="" type="checkbox"/> Remove |
|              |                                    |                      | <input type="checkbox"/> Change            |
|              |                                    |                      | <input type="checkbox"/> Add               |
|              |                                    |                      | <input type="checkbox"/> Remove            |
|              |                                    |                      | <input type="checkbox"/> Change            |
|              |                                    |                      | <input type="checkbox"/> Add               |
|              |                                    |                      | <input type="checkbox"/> Remove            |
|              |                                    |                      | <input type="checkbox"/> Change            |
|              |                                    |                      | <input type="checkbox"/> Add               |
|              |                                    |                      | <input type="checkbox"/> Remove            |
|              |                                    |                      | <input type="checkbox"/> Change            |
|              |                                    |                      | <input type="checkbox"/> Add               |
|              |                                    |                      | <input type="checkbox"/> Remove            |
|              |                                    |                      | <input type="checkbox"/> Change            |

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

E. Effective date, if other than the date of filing: 8/1/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 2, 2016

Donnuala R. Giacalone

Signature of a member or authorized representative of a member

Fionnuala R. Geoghegan

Typed or printed name of signee

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