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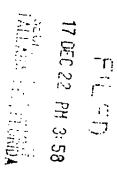
| (Re                     | questor's Name)   |                 |
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| (Ad                     | dress)            | ·· <del>·</del> |
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| (Cit                    | y/State/Zip/Phone | e #)            |
| PICK-UP                 | ☐ WAIT            | MAIL            |
| (Bu                     | siness Entity Nan | ne)             |
| (Do                     | ocument Number)   |                 |
| Certified Copies        | _ Certificates    | of Status       |
| Special Instructions to | Filing Officer:   |                 |
|                         |                   |                 |
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O SIMMONS

DEC ?? 2017

## **COVER LETTER**

| TO:            | Registration Sec<br>Division of Corp |   |   |  |
|----------------|--------------------------------------|---|---|--|
| SUBJE          | ест: <u>4 Е</u>                      | 316 BUS LLC<br>Name of Limi                     | ted Liability Company   |  |
| The en         | closed Articles of A                 | mendment and fee(s) are subr                    | nitted for filing.  |  |
| Please         | return all correspon                 | dence concerning this matter t                  | to the following:   |  |
|                |                                      | Rebecca   | A. BRUWN<br>Name of Person  |  |
|                |                                      |   | Firm/Company  |  |
|                |                                      | 2710 NE 14                                      | HUST SIPZ Address   |  |
|                |                                      | . 1   | City/State and Zip Code  7.2 @ GM411, COM o be used for future annual report no | 304<br>tification)   |
| For fur        | ther information co                  | ncerning this matter, please ca                 | A1:   |  |
|                | Rebeccy<br>Name of                   | A. BWWN Person                                  | at (OUA) 79<br>Area Code Daytin   | me Telephone Number  |
| Enclos         | ed is a check for the                | following amount:                               |   |  |
| <b>18</b> \$2: | 5.00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(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

| 4 BIG BOS, LLC<br>(Name of the Limited Liability Cor<br>(A Florida Limit  | npany as it now appears on our records.) ed Liability Company)                     |
|---|--|
| The Articles of Organization for this Limited Liability Compa   | any were filed on $3/23/15$ and assigned   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited li   | iability company here:   |
| The new name must be distinguishable and contain the words "Limited Li  | iability Company," the designation "LLC" or the abbreviation "l <sub>2</sub> D.C." |
| Enter new principal offices address, if applicable:   | 2710 NE 14th St. SLIP 23 C   |
| (Principal office address MUST BE A STREET ADDRESS)   | FUZT LAUDSPINLE FL 333043  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, enter the name of the new                           |
| Name of New Registered Agent: Rel   | Decci A. Braun   |
| New Registered Office Address: 27/6   | NE 1446 St. 5102<br>Enter Florida street address                                   |
| FORT  | LAULOVIII , Florida 33364<br>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 Title Address **Type of Action** Name | Frank Ruppan 100 NE 30H1 St. \_\_\_\_ Add Withon Marvis, FL 33334 Remove ☐ Change MGR Reberre A. Boren 3710 NE 14/11. St SLIPE DAD FORT LAWFUHLE FL 332014 ☐ Remove ☐ Change □ Add ☐ Remove Change. É Remove 58 ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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| lfan eff<br><u>Note:</u> | ve date, if other than the date of filing:   |
| ne rec<br>The            | ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed. |
| Dated                    | Wecomba-19, 2017.  |
|                          | Signature of a member or authorized representative of a member   |

Page 3 of 3

Filing Fee: \$25.00