

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR

Account Number: 102233003533

: (614)227-1936

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: TWALTERS & parterwright. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 9201 BROOKWOOD COURT, UNIT 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/23/2015

FILED -

From: 552@porterwright.com

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239 569 2990

04/23/201**20154ABR 23 #2078**P 2013/005

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9201 Brookwood Court, Unit 201, 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 April 9, 2015 and assigned Florida document numberL15000062660
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
FN, BWF, & Associates, 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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, , , , , , , , , , , , , , , , , , ,
City , Florida, 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

From: 552@porterwright.com

239 569 2990 04/23/2015 14:52 #297 P.004/005

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>	Name	Address	Type of Action	
**		A-2	□ Add	
		· · · · · · · · · · · · · · · · · · ·	□ Remove	
43-03-70-00-00-00-0-0-0-0-0-0-0-0-0-0-0-0				
			□ Remove	
			□ Add	
			☐ Remove	
			□ Remove	
TOTAL ST. SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC				
			□ Remove	
			□ Remove	

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:
(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 ______April 23 ______, 2015

Signature of a member or authorized representative of a member

Theodore R. Walters, Authorized Representative
Typed or printed name of signee

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Filing Fee: \$25.00

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SECKETARY OF STATE
ALL AMASSEE FLORIDA