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15 JUN 22 MID 46 SECRETARY OF STATE

JUN 2 3 2015 S. YOUNG COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C/OW BOW/ 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:

	Brian	Andy	
		Name of Person	
	Glow		
		Firm/Company	
	5121 1	VW 108th A	VE BOOK
		Address	海南 富
	Sunrise	FL 3335 City/State and Zip Code	
	1 >	City/State and Zip Code	n na Luk
	Brian Q GI	ow bowl. Com to be used for future annual report not	ification)
			meanony
For further information of	oncerning this matter, please c	all:	
Name o	f Person	at ()Daytim	ne Telephone Number
:vaine 0	i reison	Alea Code Daytiii	ie Telephone Mulhoei
Enclosed is a check for the	he 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**

Glauband 110

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4/5/0000 756/0.	were filed on $4/29/20/5$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5121 NW 108th AVE
(Principal office address MUST BE A STREET ADDRESS)	Surise, FL 33351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5121 NW 108th AVE Swrise, FL 33351
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	an Andy 300 =
New Registered Office Address: 5/2/	NW 108th AVE 57 5
5 un si	City , Florida 3335 (
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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian R. Andy	8201 NW 108th Terr Tamarat, FL 33321	🗹 Add
		Tamarur, FL 33321	Remove
			Change
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Effective date, if other	r than the date of filing: the date must be specific and cannot be	prior to data of filing or many than 90 d	_ (optional)
Note: If the date inserte	ed in this block does not meet the ap te on the Department of State's reco	plicable statutory filing requireme	ents, this date will not be lister
dodanem seriesiye da	on the Department of State 3 rece	7 u.s.	
	a delayed effective date, but	not an effective time, at 12	2:01 a.m. on the earlie
The 90th day afte	r the record is filed.		
Dated		·	
	2	_	
		authorized representative of a member	

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Filing Fee: \$25.00