

L15 0000 78675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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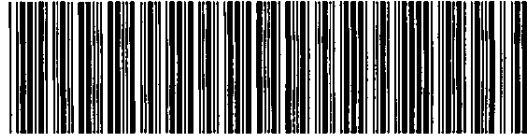
(Business Entity Name)

(Document Number)

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05/11/15--01036--007 **30.00

15 MAY 11 AM 7:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "BUBBLE KNOCKERS, 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:

Hector F. Patino

Name of Person

BUBBLE KNOCKERS, LLC

Firm/Company

8441 NW. 16th ST.

Address

Pembroke Pines FL 33024

City/State and Zip Code

hectorfpatino@msn.com.

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

For further information concerning this matter, please call:

Hector F. Patino

Name of Person

at (727)

Area Code

265-0018

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**

BUBBLE KNOCKERS, 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 05/04th/2015 and assigned Florida document number L 15000078635.

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)

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:

Hector F. Patino

New Registered Office Address:

8441 NW. 16th Street

Enter Florida street address

Pembroke Pines 1, Florida

City

Zip Code

FILED
15 MAY 11 7:28
CLERK OF CIRCUIT COURT
FLORIDA

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.

Hector F. Patino

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	Beatriz E. Patino-Ospina	8441 NW 16 St. Pembroke Pines FL, 33024	☐ Add ☒ Remove
			☐ Change
MGR	Hector F. Patino	8441 NW 16 St Pembroke Pines FL 33024	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.

Dated 05/06/2015.

Signature of a member or authorized representative of a member
BEATRIZ E. PATINO-OSPINA
Typed or printed name of signee

Filing Fee: \$25.00

15 MAY 11 AM 7:29
 SECRETARY OF STATE
 WASHINGTON, D.C.
 11-11-68