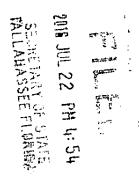
L15000111280

| (Requestor's Name) |
|---|
| |
| (Address) |
| ,, |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| * |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| epoolar moractions to 1 ming emoon. |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



100286878291



07/25/16--01001--012 **25.00



And while

COVER LETTER

| TO: Registration Sect Division of Corpo | ion prations | | |
|--|---|---|--|
| SUBJECT: | BN2F Name of Limit | HNESS LLC . | . · · · · · · · · · · · · · · · · · · · |
| The enclosed Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please return all correspond | dence concerning this matter t | o the following: | • |
| | Bra | Name of Person | |
| | | Firm/Company | |
| | 1a | 105 Holly 54 Address | rect |
| | 7611 | City/State and Zip Code | 32303 |
| | E-mail address: (to | o be used for future annual report notifi | Malicon |
| For further inforcement cor | ic milito this matter, please ca | N: | · . |
| Brand Name of I | Charette | at (850) 38 | 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 ARTICLES OF ORGANIZATION OF

| V . | |
|---|---|
| | FAMENDMENT |
| - | FO |
| | ORGANIZATION OF |
| . (| |
| BMFita | 1995 11C |
| (Name of the Limited Liability Comp | pany as it now appears on our records.) I Liability Company) |
| (A Florida Elimited | 1 Claumity Company) |
| he Articles of Organization for this Limited Liability Compan | y were filed on Juneale 2015 and assigned |
| lorida document number <u>L15000111280</u> | 1 3% |
| his amendment is submitted to amend the following: | |
| ins amendment is submitted to amend the following. | · |
| . If amending name, enter the new name of the limited lia | bility company here: |
| | |
| he new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| · | |
| nter new mailing address, if applicable: | · |
| Muiling address MAY BE A POST OFFICE BOX) | |
| | |
| | • |
| | office address on our records, enter the name of the new |
| existered agent and/or the new registered office address he | <u>ere:</u> |
| | |
| flame of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| <u> </u> | , Florida |
| · . | City Zip Code |
| New Registered Agent's Signature, if changing Registered Ager | <u>nt:</u> |
| provisions of all statutes relative to the proper and comple | as provided for in Chapter 605, F.S. Or, if this document is |
| | |
| | |

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 Name Address Type of Action 2554 Capital Circle NED Add Brandi Charette Santa Rosa F □ Remove Change _□ ∧dd □ Remove ☐ Change □ Add El flemove ☐ Change □ Add □ Remove ☐ Change

| | | All | | | |
|---|--|---|---------------------------------|--|---------------------------------------|
| (| ? hange! | Address | Ses Fro | im | |
| | 10.5 | | | | |
| | 190F | > Itolly | Street | | |
| | Tall | 1411055 | 5 /1 CONS | U5 | |
| | D: 3 | F-0ld | -D0116 | | · · · · · · · · · · · · · · · · · · · |
| | | | | · | |
| | 5) | DID A | Mill Rd | | |
| | 5 | anta Ro | a, FL | 3245° | Ì |
| to with the theory of the second | | | | | · |
| | | | <u> </u> | | |
| | | • | <u> </u> | <u></u> | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| : , | | | | , | |
| n effective date te: If the dat cument's effe | e inserted in this block ctive date on the Depa | e specific and cannot be p k does not meet the ap artment of State's reco | plicable statutory fili rds. | more than 90 days afting requirements, the | nis date will not be I |
| The 90th da | | a 10 1110u, | | | |
| The 90th da | CG ple | <u> </u> | <u> 21 C</u> | *. | · |
| The 90th da | rly 22 | Brand | olle i Cha | ult | |
| The 90th da | rly 22 | gnature of a member of a | outhorized representation | ve of a member | |
| The 90th da | uly 22 | Brandi C | authorized representation | ve of a member | Silv. |
| ated | rly 22 | Brandi Cl | Nave He printed name of signee | ve of a member | III JUL 2 |
| The 90th da | uly 22 | Brandi Clared or p | rarette | ve of a member | |