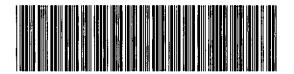
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2015

JOHN BIRD 1578 BELLEAIR RD CLEARWATER, FL 33756

SUBJECT: BIRD'S EYE SOLUTIONS, LLC

Ref. Number: L15000132034

We have received your document for BIRD'S EYE SOLUTIONS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A0002월025 을

# **COVER LETTER**

TO: Registration Section Division of Corporations			Bird's Eve Solutions, Estate 2:31			
SUBJI	ECT:	Name of Limi	Eye Solution ited Liability Company	**************************************	1 2: 31 -S!ATE LORIDA	
The en	nclosed Articles of A	nendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
			Jon Bird	·	<del>-</del>	
		<u> </u>	Firm/Company	Solutions, LL	<u>.</u> C	
		1578	R Belleair Address	Rd	_	
		Clear	Water FL City/State and Zip Code On Q. brocke	33756		22.00°90
		`	to be used for future annual	report notification)	25 25	72401 9
For fui	rther information con	cerning this matter, please ca	ill:	; :	nial Maria C	وساً! و :
	Jon Name of F	Sircl Terson	at ( <u>813</u> )	baytime Telephone Numb	er S	<b>*</b>
Enclos	sed is a check for the	following amount:				
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certification Ce	Filing Fee, cate of Status ced Copy nal copy is enclose	

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

(Name of the Limited Liability Company as it now as (A Florida Limited Liability Company)	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>LISQOOI32034</u> .	n = 8/3/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	the designation "LLC" or the abbreviation "L.L.C."  15 78 Bellear Rd  Clearwater FL 33756
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1578 Belleair Rol Cleanwater Ft \$3756
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the flame of the new
Name of New Registered Agent:  New Registered Office Address:  15.7 X	Bird 55
New Registered Office Address:    15 / 8	r Florida street address  , Florida Zip Code

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the	title, name, and address of each person b	eing added
or removed from our records:		<u> </u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ivan Rodinushkin	-	Add
		2112 Bell Cheer Dr	Remove
	•		☐ Change
MAR	Jon Bird	1578 ReMeair Red Clearwater	FL 1 Add
			Remove
		·	Change
- Military and a			Add
		·	☐ Remove
			Add Add
		20 25 25 20 20	Add  Remove
		ان <u>.</u> فرا	Si Change
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ffective date, if other than the date of filing:	(option	al)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more to lote: If the date inserted in this block does not meet the applicable statutory filing reocument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	than 90 days after fil quirements, this d	ing.) Pu ate will	not be listed
1 /			
ated 11/24/1 , 2015			
Signature of a member of authorized representative of a			

Page 3 of 3

Filing Fee: \$25.00