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COVER LETTER

SUBJECT: BLUE COUAR SHIRT COMPANY UC 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:
HURLEY CONSTANTINE Name of Person
BUE COUAR SHIRT COMPANY Firm/Company
1821 TALLOKAS AUE
OPUANDO FL 32805 City/State and Zip Code
HURLEY & BLUE COLLAR SHIRT CO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HURLEY CONSTANTINE at 407, 718-8502 Name of Person Area Code Daytime Telephone Number in 3
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO: Registration Section

Division of Corporations

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

BAUE COLLAR SHIRT COMPANY UC

(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 Com-	pany were filed on		and ass	igned
Florida document number				
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 designa	aion "LLC" or the abb	reviation "L.)	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	=-		
			7117	
Enter new mailing address, if applicable:		;.	15.7	11
(Mailing address MAY BE A POST OFFICE BOX)		;_	20]
	-	-		: + }
			.⇔	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter t	he name	of the new
Name of New Registered Agent:	LEY COUSTA	JUT (NF		
New Registered Office Address: 182				<u>-</u>
√ 21	Enter Florida str		2 1 P	
ORC	ANDO City	, Florida	Zip Code	02

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title MGC	Name HURLGY CONSTANTINE	Address 606 HATTAWAY DR. ACTAMONTE SPRINGS FL 3280	Type of Action
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Remove
			Change
MGR	NICHOLAS H. LAWYON	1604 SMITHFIELD WAY	_□ Add
		0001 TIUU	_ K Remove
		OUIEDO FL 32765	Change
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. Effective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.03 story filing requirements, this date will not be listed
the record specifies a delayed effective date, but not an eff) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
Dated 10-26 2017	
Signature of a member or authorized repr	resentative of a member

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Filing Fee: \$25.00