116000026946

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Plue Williw Artigated Name of Limited	honge the 1,014,00%. aes + More L Liability Company	LC_
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to t	he following:	
Robert	P. Hinkle	7
Principal Address	Firm/Company FSS - North Pars Brandan, FL 3 Address randon, F	4 More LLC ons Avenue 3510 est Dr. 1 33511
	e above ity/State and Zip Code	
bhinkl	ey @ aol. com	
,	used for future annual report notificat	ion)
Barbara A.Hinkley Name of Person	at (813) 597-	6083
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$25.00 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

Blue William Antiques & More LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Florida document number <u>L/6 0000 26946</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address , Florida _ Citv

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

MGR = Ma			
	thorized Member		Tour of Antion
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OUAID, CARY	1403 ANDREA CO Brandon, FL 3351	□ Add U
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		Or Je	1 0.	_
				
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to the lock. If the date inserted in this block does not meet the application of state of the date on the Department of State of State of the lock.		(optional) an 90 days after filing.) I airements, this date w	Pursuant to e	605.020 isted a
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time,	at 12:01 a.m. o	n the ea	rlier o
Todons Date is Dated				
Robert B. Hindle Signature of a member or author	0	, ,	. -+	

Page 3 of 3

Filing Fee: \$25.00