116000055379

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2017

ETHAN WASSERMAN BAG FIVE PO BOX 9168 CORAL SPRINGS, FL 33075

SUBJECT: BAG FIVE LLC Ref. Number: L16000055379

We have received your document for BAG FIVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00005545

2017 APR 11 PM 1: 00

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: Bag	FIVE LLC Name of Limited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Ethan WasserM Name of Person	<u>an</u>
	Bag five Firm/Company	
	DO BOX MOREO	9168
	Coval Sylvas IL City/State and Zip Code Ethan Bag five - Cov E-mail address: (to be used for future annual	PETARY OF STATE ASSEE, FLORIDA PROPERTIES PR
For further information con	cerning this matter, please call:	STATE
Etlan Name of P	wasserMa at (954) Area Code	707 8145 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 enc	Certificate of Status &

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

BAG FIVE	LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on3/18/16	and assigned
This amendment is submitted to amend the following:		
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	3309 Market St Camp Hill , PA	
Enter new mailing address, if applicable:	Po Box 9168	SEU 17
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs , FL	33031 E ARE ASS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new ORIDA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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(If an ef Note:	tive date, if other than the date of filing: [Coptional] [Coptional]	
the re-	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of:
b) The	e 90th day after the record is filed.	
Dated	Signature of a member or authorized representative of a member	
	Cety Pologo	
	Signature of a member or authorized representative of a member	
	Ethan Wasserman	

Page 3 of 3

Filing Fee: \$25.00