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COVER LETTER

	Registration So Division of Cor			
SUBJEC	Bomber Ro	oad Properties, LLC		
SUBJEX.	· · ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Marie Straughn		
			Name of Person	
		Straughn and Turner, P.A.		
			Firm/Company	
		255 Magnolia Ave, SW		
			Address	
		Winter Haven, FL 33880		
			City/State and Zip Code	
		bosticklandservices(a,yahoc	o.com to be used for future annual report not	
For furth	er information c	concerning this matter, please co	·	.meanon)
Marie St	raughn		863 293-1184	
	Name c	of Person	at ()Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

Bomber Road Properties, LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability	Company were filed on 07/07/16	ar	id assigned
Florida document number 1.16000129210	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "t.ii	mited Liability Company," the designation		
Enter new principal offices address, if applicable:		261 261	e description
Principal office address MUST BE A STREET ADD	(RESS)		= 0,
	****	(n) _	- P
			- 1 ₆ min
Enter new mailing address, if applicable:			
¥1:		<u>-</u>	<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our r dress here:	ecords, enter the n	ime of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		. Florida	
	Cuv		ode.

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	Name	Address	Type of Action
MGR	William Bostick	4106 SHOAL GREEN CT	
		WINTER HAVEN, FL 33884	■ Remove
MGR			☐ Change
	William Bostick, III	4106 SHOAL GREEN CT	∃ Add
		Winter Haven, FL 33884	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			100 m
			Compared Com
			☐ Change

,	other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
·	
	
	
	
Note: If the date in document's effection the date in document's effection the record specification.	other than the date of filing:
Dated July 3rd	2017
Dated	
	MauStran authorized (epresentative = = = = = = = = = = = = = = = = = = =
Marie S	traughn, Authorized Representative
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00