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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Boe Ridge Bus	Idina XXC Ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
ı	Margaret	HUM	
t	- jungunce	Name of Person	
	Bee Rid	Name of Person Black Firm/Company	
	3372 B	ee Ridge Road Address	
	Sarasota	Florida 34239 City/State and Zip Code	·
	Musquset E-mail goddress: (1	@ Umwest Com o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	dt: ·	·
	t Hiyor	at (941) 925-6 Area Code Daytime	2/2/ Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 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

(Name of the Omited Liability Con (A Florida Limik	poany as if now appoint Liability Company	ears on our record ')	<u>s.</u>)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>Z / 70<i>00</i> / 1 5 4 2</u>	ny were filed on	January 1.3	,2017	and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	e designation "LLC	" or the abbre	riation "L	.L.C."
Enter new principal offices address, if applicable:			,	2019	
(Principal office address MUST BE A STREET ADDRESS)				1.30	
•	:	<u></u>	<u>.</u>	2	
				P	
Enter new mailing address, if applicable:			· ·	 	
(Mailing address MAY BE A POST OFFICE BOX)			1-	<u>ယ</u> တ	
•					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		on our records	s, enter the	name	of the ne
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Flo	orida	 -	
	City	• •	2	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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	Dickson Phillip B.		
		3322 Bee Ridge Road	Remove
		3332 Bee Ridge Road Sasasota, Florida	Change
AMBR_	Dickson, Sturt K.		D Add
		3322 Bee Ridge Road	Remove
		3322 Bee Ridge Road Lausotn, Florida	Change
			Remove
			Change
			CJ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			D Add
			□ Remove
			Change

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	. 3	N. 11.12.		
<u> </u>			N. C.	
	<u> </u>			
	•			
				·
ective date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the I	ist be specific and cannot be l lock does not meet the ap	phor to date of filling opplicable statutory fi	(optional) r more than 90 days after filing. ling requirements, this date) Pursuant to 605 will not be liste
record specifies a delaye he 90th day after the re	d effective date, but cord is filed.	not an effectiv	e time, at 12:01 a.m.	on the earlie
ed October 15	ong out Ar Significant of a member or	authorized representa	tive of a member	
	- { <i>f</i>			

Page 3 of 3

Filing Fee: \$25.00