

L17000134492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

Bowlcious, LLC

SUBJECT: _____
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:

Maura McCarthy Bulman, Esq.

Name of Person

Maura McCarthy Bulman, PLLC

Firm/Company

4700 Sheridan Street, Suite J

Address

Hollywood, Florida 33021

City/State and Zip Code

mbulman@mmbpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maura McCarthy Bulman

954

510-2822

at (_____) _____

Name of Person

Area Code

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 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

Bowlchious, LLC

(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 Company were filed on June 20, 2017 and assigned
Florida document number 1,17000134492

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 designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

515 NE 190th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33179

Enter new mailing address, if applicable:

515 NE 190th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33179

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:

Jon Freeman

New Registered Office Address:

515 NE 190th Street

Enter Florida street address

Miami

Florida

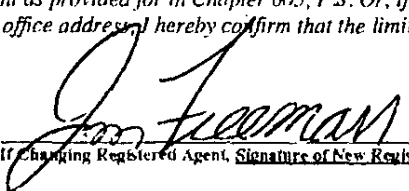
33179

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew D. Freeman	515 NE 190th Street	<input type="checkbox"/> Add
		Miami, Florida 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jon Freeman	515 NE 190th Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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