# 111000186654

(Re	questor's Name)	
(Ad	dress)	1
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	,

Office Use Only



400303808994

09/25/17--01014 -001 \*\*25.00

FILED
17 SEP 25 PH 3: 07

O SIMMONS SEP 26 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bohemian Beach Art, LLC 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:
Lea. Edwards Name of Person
Böhemian Beach Art, LLC
4836 Sandside Drive
Boho beach art Dyango. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 916 - 7730  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

Bohemian Beuch Av	+, UC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on SCIOL - 1	$\frac{5f}{20/7}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
nla		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>nla</u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	SE 22
l		1 12 F
Enter new mailing address, if applicable:	M/a	P 0
(Mailing address MAY BE A POST OFFICE BOX)	-	- 2
		. `
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		rds, <u>enter the name of the new</u>
Name of New Registered Agent: MO	<del></del>	
New Registered Office Address:	·	
	Enter Florida street addi	ress
		FloridaZip Code
No Decimal Act of All Control of All	<u> </u>	ng Side

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 Title Name **Address** Type of Action ea Edwards 4836 Soundsich Drive Drade

bulf Brecze, FL 32563 PRemi Change (Please make mekleat a manager) I need authorization to open bank account) □ Add ☐ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

f amending any other in	formation, enter change(s) here: (Attac	h additional sheets, if necessary.)	
	·	<del></del>	
		*****	
<del></del>			
			<del></del>
			<del></del>
<del></del>	1		
	:		
			17 SEP 25 P
			三号 下
			SEP 25 PM 3: 07
			بب ص <u></u>
			<del></del>
	an the date of filing:  the must be specific and cannot be prior to date of this block does not meet the applicable statu the Department of State's records.	(optional) (optional) filing or more than 90 days after filing.) Purtory filing requirements, this date will	
The 90th day after th	I .	ective time, at 12:01 a.m. on	the earlier of:
ated <u>Septem</u>	ber 20, 2017.		
	1 bar 20, 2017.  Jou Educida  Signature of a member or authorized repr	esentative of a member	<del></del>
	Lea Edwards		

Page 3 of 3

Filing Fee: \$25.00