L17000209718

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COVER LETTER

Division of Co	rporations		•
SUBJECT:	Bov	vľd Life, LLC	
SUBJECT:	Name of Lim	nited Liability Company	Amazalda kalan di San Alda, etc Alda e Al
	Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Brenden S. Moriarty, Esq.		
		Name of Person	,
	The Moriarty Law Firm, P	.A.	
	444-A48-A-4-4		
	A Property of the State of the	Address	
	Bradenton, Florida 34205		•
		City/State and Zip Code	The same
	bmoriarty@suncoastlegalgr	<u>-</u>	
	E-mail address: (to be used for future annual report not	
For further information	concerning this matter, please c	all:	
Brenden S. Moriarty, Es	sq.	941 749-0075	The same of the sa
Name (of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

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Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bowl ¹	'd Life, LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our reconited Liability Company)	erds,)
The Articles of Organization for this Limited Liability Com	pany were filed on October 10, 20	and assigned
Florida document number L17000209718		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Bowled Life, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRES	<u> </u>	-
	· · · ·	
	•	
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		
		The second second
		man so m
B. If amending the registered agent and/or registere	ed office address on our reco	(1)
registered agent and/or the new registered office address		<u> </u>
		200
Name of New Registered Agent:		SE FOR
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street add	dress
		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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
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Effective date, if other than the	data of filings		(onti	三 でMal)	ン	
f an effective date is listed, the date must note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be ock does not meet the ap	prior to date of filing or pplicable statutory fil	more than 90 days after	filing.) Pub	suant'tô 6	05.0207 (3 sted as th
ne record specifies a delayed The 90th day after the rec		t not an effective	e time, at 12:01 a	a.m. on t	he ear	lier of:
Dated March 16	2018	<i>_</i>	//	•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00