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COVER LETTER

TO: Registration Section

Division of Corporations

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SUI	BSS Man	ufacturing LLC		
		Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise return all correspo	ondence concerning this matter	to the following:	
		Terry Nee		
		BSS Manufacturing LLC	Name of Person	
		1566 N. Meadowcrest B	Firm/Company	
		Crystal River, FL 34429	Address	·
		terry@bigspans.com	City/State and Zip Code	
For	further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report notif all:	ication)
Ter	ry Nee		352- 419-4890	
	Name (of Person	at () Area Code Daytime	e Telephone Number
Enc	losed is a check for t	he following amount:		
8	\$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 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

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BSS Manufacturing LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited I Florida document number L18000021285	_iability Company	v were filed on 01/24/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS)		SECA ISIN
			G TM
			3 22 E
Enter new mailing address, if applicable:		N/A	CORPCI
(Mailing address MAY BE A POST OFFICE	BOX)		2: NATA
		,	
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered o office address her N/A	office address on our reco r <u>e</u> :	rds, <u>enter the name of the nev</u>
Name of New Registered Agent:	- IN/A		
New Registered Office Address:	N/A	· · · · · · · · · · · · · · · · · · ·	
		Enter Florida street add	lress
			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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Timothy Nee	1566 N. Meadowcrest Blvd. Crystal River, FL 34429	
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01/23/2018 ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of files. If the date inserted in this block does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 60
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earli
ne 90th day after the record is filed.	
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Page 3 of 3

Filing Fee: \$25.00