## 48000100759

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PICK-UP WAIT MAIL
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## **COVER LETTER**

	Registration Sc Division of Cor				
SUBJEC	Bambuco I.	.LC			
,,,,,,,,,,,	· ' ·	Name of Lim	ated Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Robert J. Witkop			
		Bambuco LLC	Name of Person		-
		5591 Cannes Circle #402	Firm Company		-
		Sarasota, Fl. 34231	Address		- , n
		bobwitkop@comeast.net	City/State and Zip Code		- :
For furth	er information c	n-mail address; ( concerning this matter, please co	to be used for future annual repo all:	ort notification)	
Robert V	Vitkop		603 343-30	654	 
	Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed	I is a check for t	he following amount:			
<b>■</b> \$25,0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	ite of Status &
		ING ADDRESS:	STREET/C	OURIER ADDRESS:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bambuco, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on April 23, 2018	and assigned
Florida document number L18000100759		
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 L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		- 2
Mailing address MAY BE A POST OFFICE BOX)		<u>,</u>
		:
B. If amending the registered agent and/or registere		ter the name of the ne
registered agent and/or the new registered office address	here:	المينية . المينية المينية المي
		?
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid;	<u>.</u>
	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>	Type of Action
AMBR	Robert J. Witkop (Pls add as an authorized member)	5591 Cannes Circle #402. Sarasota FL 34231	■ Add
			Remove
			Change
			□ Remove
			Change
			Remove
		<del></del>	□ Change
		<del></del>	
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ective date, if other that	n the date of filing:te must be prior to de	(opt	tional) er filing a Puesuant to 605 020
te: If the date inserted in t	his block does not meet the applicable the Department of State's records.		
record specifies a del he 90th day after the	ayed effective date, but not and record is filed.	n effective time, at 12:01	a.m. on the earlier o
	-		
ed 10-15			
ned <u>10-15</u>	Xulplaen B Signature of a member or authorize	Lilbop d representative of a thember	

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Filing Fee: \$25.00