## 118000145212

(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Country Name of Limi	G 15 Claset  Ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rober	+ Millender Name of Person	<del></del>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company	
	4024	N. Min rol	57.
	E-mail address: (i	T1, 32303  City/State and Zip Code  2 every day 210 ft to be used for future annual report notifi	nt. com
For further information c	oncerning this matter, please ca	all:	
Rame o	Millender FPerson	at (850) 443- Area Code Daytime	2240 Telephone Number
Enclosed is a check for the	ne 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, Ft. 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	Bumpkin John I LLC
The new name must be distinguishable and contain the words "Limited Hiabil	lity Company, the designation LLC or the appreviation L.L.C.
Enter new principal offices address, if applicable:	- जिल्हा
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	STOP STOP
(Mailing address MAY BE A POST OFFICE BOX)	24 IDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the name of the new
	, Florida
·	City Zip Code
are as a contract of the contr	

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:

Title	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
		4.0	Add -
			□ Remove
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		<u> </u>	SSE DANGE
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			Remove
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Effective date, if other than the date of filing:  [(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02:  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Dated  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies of the specifies and the specifies of the specifies of the specifies and the specifies of the specifies of the specifies and the specifies of		any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Dated 7/2 2018  Signature for an antiorized representative of a member	Note: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fish	i.020 ed a:
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	Dated	7/2 2018	
		Signatury of a member of a member	
		Typed or printed name of signee	

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Filing Fee: \$25.00