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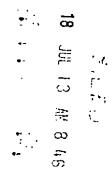
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S. PRATHER

COVER LETTER

TQ: Registration Section Division of Corporations	
SUBJECT: BW COYDOYA CONSULATING, 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:	
Brittanie White Name of Person	
BW Corporate Consulating, UC	
1439183rd Pl	
Seminole F 33776	
By Han bub He OUTTOOK. CON E-mail address! (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brittanie White at 727 301 - 4314 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$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

Rame of the Limited	te Consulating, LLC Liability Company as it now appears on our records.)
(Ā	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L1800016</u> 6	
This amendment is submitted to amend the follow	□ 1.
A. If amending name, enter the new name of th	e limited liability company here:
BW Corporate	Consulting, LLC
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	. S
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zin Coda

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	
ÁMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
 -			
			□ Remove
			☐ Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	essary.)	
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Effective date, if other than the date of filing:	filing.) Pursuant to 6	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	i.m. on the ear	lier of:
Dated	j j	
MAA	co نے جو ر	
Signature of a member or authorized representative of a member		
Brittanie White	. ့ . ့	• •, • ,
Typed or printed name of signee		
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Page 3 of 3

Filing Fee: \$25.00