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(Re	questor's Name)	 .
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SECRETARY OF STATE SECRETARY OF STATE STAT

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	Corporations RD BUMSTEAD LLC		
SUBJECT:		ited Liability Company	
The enclosed Article:	s of Amendment and fee(s) are sub-	mitted for filing.	
	espondence concerning this matter	<u>.</u>	
	RICHARD BUMSTEAD		
		Name of Person	
	RICHARD BUMSTEAD	LLCQ	
Firm/Company			
	3051 RAGIS RD	STEAD Name of Person STEAD LLCQ Firm/Company Address FL 32132 City/State and Zip Code rr.com address: (to be used for future annual report notification) please call: 386 566-3604 at (
	 	Address	
	EDGEWATER, FL 3213	32	
		City/State and Zip Code	-
	taxpreppros@cfl.rr.com		
	E-mail address: (to be used for future annual report notif	ication)
For further informati	on concerning this matter, please co	all:	
Richard Bumstead			
Na	me of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check (for the following amount:		
\$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	AH ING ABBBERG	web et evolution	PD ABBBESS.

MAILING ADDRESS:

TO:

Registration Section

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

RICHARD BUMSTEAD LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 07/23/2018	and assigned
Florida document number L18000177025		
This amendment is submitted to amend the following:	M	
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	S.S)	89
		OS SEE
		6 02F
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		S IA
maning ungress State DE ATTOST OFFICE DON		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	-	nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		<u>.</u>
	Enter Florida street address	
	, Florid	
	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>	Name	<u>Address</u>	Type of Action
MBR	ANTHONY T CHILDERS	314 MARINERS GATE DR	<u></u>
		EDGEWATER, FL 32141	□ Remove
			☐ Remove
		 	Change
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			D Add
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(Han et	ive date, if other than the date of filing: O8/03/2018 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	not be listed
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	he earlier
, , , , ,	2 Soul day after the record is med.	
Datec	08/03/2018	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00