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(Re	questor's Name)	
(Ad	dress)	<u> </u>
DA)	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2019 FEE -8 P 3: 23



COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT: LY	M Bohlman Bo	DG+11++ Report	& Senuce LLC.
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	Denise Boh	Name of Person	ny Bohlmin
	Jerry Bohlma	BOATIFT SCV	rue : Répair LIC
	4992 Blue R	Address	
	Milton, F	3)553 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	in a grail con
Denise T	n concerning this matter, please call	a ₁ (850)_384	- 5597 - 4987 e Telephone Number
Enclosed is a check fo	r the 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, 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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1805/180/19	were filed on TULL 30, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabiled li	Inction LLC.
Enter new principal offices address, if applicable:	4992 Plue Richan D.
(Principal office address MUST BE A STREET ADDRESS)	Milton 17 38583
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1492 Blue Richar Dr. Milton Fi 32583
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	, 26
New Registered Office Address:	Enter Florida street address Florida
	City - Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ū

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
			Add
			Remove
			Change
			Remove
			Change
			_ □ Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Add
			Remove
			□ Change

). If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
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(If an effect Note: If	date, if other than the date of filing: Feb 2, 3019 (optional) ive 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 605.0207 (3)0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated <u>-</u>	2019. 1 211
	Signature of a member or authorized representative of a member
·	Jerry Bohlman or Denise Bohlman Typed or printed name of signer

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Filing Fee: \$25.00