## 119000016334

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## **COVER LETTER**

	ation Section Lof Corporations		
SUBJECT:	Bodeway Relocation	ited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are sub	omitted for filing.	
Please return all c	correspondence concerning this matter	to the following:	
	Thrabin	Sullamon Name of Person	
	Robina	Reldiation LLC Firm/Company	
	w 1215	Hillshorn Blvd Sun	te 202
	Deectiens P	Seach FL 372/H City/State and Zip Code	2
	in For Co	Dewick ( relocat) you control to be used for future annual report notion	Arrante de la companya de la company
For further inform	nation concerning this matter, please ca	all:	
Throbio	Sulcina Name of Person	at ( <u>5 b)</u> <u>+ 0 9 -</u> Area Code Daytim	9888 e Telephone Number
Enclosed is a chec	ck for 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 radditional 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

FIED

RODEWAY RELOCATION LLC

2019 JUL 29 PM 3: 13

(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on ou ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>Janu</u>	
Florida document number 1 19000 615334		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida stre	n address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
AMBU	osany Suleiman	935\$ SW 8th St fot 206	☑ Add
		9355 SW 8th St fot 201 BOCG BOTON, FL 334128	☐ Remove
			☐ Change
			🗆 Add
			Remove
			Change
			□ Remove
			Change
			Remove
		<del></del>	Change
		·····	Add
			Remove
			☐ Change
			🗅 Add
			🖸 Remove
			Change

), 'If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	organicae of a memory of unanyment representative of a memory
	Threshin Sillerman  Typed or printed name of signee