L19000048983

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COVER LETTER

то:	Registrati Division o				
411D TT	e*1717		OF BAY COUNTY, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed Articl	les of Ai	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all cor	rrespond	lence concerning this matter	to the following:	
			J. ADAM ALBRITTON, E	ESQ.	
				Name of Person	
			ALBRITTON LAW OFFI	CE	
				Firm/Company	
			2901 W. LITH STREET		
				Address	
			PANAMA CITY, FLORID	OA 32401	
			adam@adamalbrittonlaw.co	City/State and Zip Code	
			E-mail address: (to be used for future annual report n	otification)
For furt	her informa	tion con	cerning this matter, please ca	ail:	
J. ADA	M ALBRIT	TON		850 640-3133	
	N	ame of P	erson	Area Code Days	ime Telephone Number
Enclose	d is a check	for the	following amount:		
□ \$ 25	.00 Filing F	ee	□ \$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:

TO:

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

BW GROUP OF BAY COUNTY, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/19/2019	and assigned
Florida document number L19000048983		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		72 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		୍ଦ୍ରିକ କ
		5 B
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cin	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALLAN BENSE	1901 N. EAST AVENUE, PANAMA CITY, FL 32405	
			Add
			■ Remove
			□ Change
AMBR	DERWIN WHITE	1901 N. FAST AVENUE, PANAMA CITY, FL 32405	B Add
			□ Remove
			Change
AMBR	JASON BENSE	1901 N. EAST AVENUE, PANAMA CITY, FL 32405	■ Add
			Remove
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n effect	tive date is listed	l, the date must be ted in this block	specific and	l cannot be pric	or to date of fil	ling or more	than 90 days :	after filing.)	Pursuant to 6	05,020°
		ate on the Depa				ory mang re	quarements.	this date v	in not be in	steer a.
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Typed or printed name of signee

Filing Fee: \$25.00