

L190000061891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

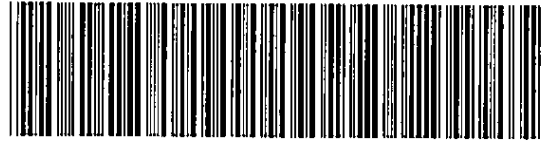
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 AUG 19 AM 8:55

LLC  
Amend

8/26/19

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2019

BACTERIA GONE LLC  
JAMES RIDENOUR  
3261 HOLIDAY SPRINGS BLVD., #202  
MARGATE, FL 33063

SUBJECT: BACTERIA GONE LLC  
Ref. Number: L19000061891

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 919A00015493

2019 AUG 19 PM 2:17

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2019

BACTERIA GONE LLC  
JAMES RIDENOUR  
3261 HOLIDAY SPRINGS BLVD., #202  
MARGATE, FL 33063

SUBJECT: BACTERIA GONE LLC  
Ref. Number: L19000061891

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

AN UNANIMOUS CONSENT OF SHAREHOLDERS AND DIRECTORS IS NOT FILED WITH THIS OFFICE. PLEASE RETAIN THEM FOR YOUR RECORDS. SINCE YOU HAVE A LIMITED LIABILITY COMPANY, YOU MUST FILE THE ATTACHED ARTICLE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION TO LIST THE MEMBERS, MANAGING MEMBERS OR MANAGERS FOR THE LIMITED LIABILITY COMPANY.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 119A00012618

RECEIVED  
2019 JUL 19 PM 12:38  
S. HALL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bacteria Gone 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:

James Ridenour  
Name of Person

Bacteria Gone LLC  
Firm/Company

3261 Holiday Spring Blvd #202  
Address

Margate FL 33063  
City/State and Zip Code

Ridenour43@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Ridenour at (954) 394-1414  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 AUG 19 AM 8:55

BACTERIA GONE LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/04/2019 and assigned Florida document number L1900061891.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Title	Name	Address	Type of Action
President	James Ridenour	3261 Holiday Springs Blvd unit 202 Margate, FL 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Sec/Treasurer	Robert Kropp	3370 Ocean Shore BLVD. UNIT 202B OCEAN BEACH, FL 32176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Vice President	Angela Dittmer	1406 Garden Ave Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Vice President	Ryan Dittmer	1406 Garden Ave Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated

8/16/2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAMES RIDENOUR

Typed or printed name of signee