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(Requ	estor's Name)	
(Addie	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ment Number)	·
Certified Copies		
Special Instructions to Fil	ing Officer:	
Amend		

Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATIONS

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COVER LETTER

Division of Cor			
subject: <u>BC</u>		ICTION LLC ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Devon Bo	Name of Person	
	<u>Bodchellor</u>	Construction Firm/Company	
	980 Golder	n Beach Blud Address	.
	<u>Indian Har</u> info@batchell	City/State and Zip Code Or Construction. Co to be used for future annual report notice	32937 m
For further information c	oncerning this matter, please ca		fication)
Devon Box Name o	tchellor Person	at (<u>321</u>) 634-4 Area Code Daytime	t Clephone Number
Enclosed is a check for th	ne following amount:		
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Botchellor C			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Li		were filed on _ a H	and assigned
Florida document numberL2.000052	<u>650 </u>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	BOX)		
		-	
			<u> </u>
B. If amending the registered agent and/or r		address on our records,	enter the name of the new registere
agent and/or the new registered office addres	<u>s here</u> :		
		0-1-1-11-	
Name of New Registered Agent:	Devo	on Batchello	<u> </u>
New Registered Office Address:	<u>920 (</u>	Golden Beach 1 Enter Florida street	
	<u>Indian</u>	Harbour Boach	√, Florida <u>33937</u> 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.

How Batchellon
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
<u>AMBR</u>	Devon Botchellor	920 Golden Beach Blvd	□Add
		Indian Harbour Beach, Fl 320	1 <u>37</u> □Remove
			⊠ Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
	·		□Add
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			□Add
			□Remove
			□Change

* Please	change	Devon	Batchellor	from	MGR	to	AMBR
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e date, if other	than the date of	Glina.					
ctive date is listed, th	ie date must be speci	fic and cannot be	e prior to date of filing or	more than 90 d	_ (option avs after fil	ing \ Pu	rsuant to 609
r the date inserted	in this block does	not meet the a	applicable statutory fili	ng requireme	nts, this d	ate wil	not be list
nt's effective date	on the Departmen	nt of State's rec	cords.				
specifies a delaye	d effective date, b	ut not an effect	tive time, at 12:01 a.m	on the earlie	er of: (b)	The 90	th day afte
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