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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Bailegyille FL Name of	A POLLOPISE LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this made	tter to the following:
Scon	M Clark Name of Person
Bruleyvill	e FLA enterprise LCC Firm/Company
1317 pros	Firm/Company  Pect St Address
Palasic	9, 11. 32177 City/State and Zip Code
Baileyville Elmail address	s: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Secon M. Clark Name of Person	at (386) 916-0793 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60,00 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	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ballyile Fla Post	enn'se LLC  pan'y as it now appears on our records.)  d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number 20000003301	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	<del>1</del>
Enter new mailing address, if applicable:	. <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	ے ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City 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 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

Name	Address	Type of Action
while, Domethius A.	2301 arrowroot ave	_ 🗆 Add
	Middleburg, Fl. 33068	Remove
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		_ □Add
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		White, Dometrius A. 2301 arrowroot ave  Middleburg, Fl. 33068

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(optional)
than 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed a
he earlier of: (b) The 90th day after th
a member
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