## L20000369592

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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JANIS F DEGEN BOWL N' ROLL LLC 2551 NW 46ST BOCA RATON, FL 33434

December 31, 2020

Division of Corporations Registration Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Dear To Whom It May Concern:

A pleasant day to you. I JANIS F DEGEN the registered agent and owner of the **Bowl N' ROLL** LLC.

Would like to do an amendment officers as instructed in the application.

Name: JANIS F DEGEN

Address: 2551 NW 46 ST BOCA RATON, FL 33434

If you have questions, or would like assistance or information, please call me using the information below.

Phone: 561-302-2676

Sincerely,

JANIS F DEGEN

Registered agent/Owner

TO:	Registration Sect Division of Corpo			
SUBJE	ECT:	Bawl N	, Roll	
			ited Liability Company	<del></del>
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Janis F. Degen	
			Buw N Roll Firm/Company	
			551 N.W. 46th	57.
			Brog Rotin, Fl City/State and Zip Code	orida 33434
		E-meil address: (i	degen 445 @ gma to be used for future annual report notif	ication)
For fur	ther information cor	ncerning this matter, please ca	all:	
	Jan.s Name of I	Degen Person	at ( <u>56/</u> ) <u>302</u> Area Code Daytime	-267 6 Telephone Number
Enclose	ed is a check for the	following amount:		
<b>5</b> \$2:	5.00 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 (additional copy is enclosed)
	Mailing Address: Registration Se		Street Address: Registration Sec	tion
	Division of Co. P.O. Box 6327	rporations	Division of Corp The Centre of Ta	porations
	1.0. DUX 0341		THE CERTIE OF T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	No 1 1 how appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company volume of Organization for O	were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabili	•	-
Enter new principal offices address, if applicable:	2551 N.W 45th St	_
Principal office address MUST BE A STREET ADDRESS)	Boua Roton, FB 334	; <b>)</b>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )  3. If amending the registered agent and/or registered office a	Boea Roton, FJ 334  Boea Roton, FJ 334  address on our records, enter the name of the new register	さい さい red
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del> </del>	City Zip Code	•
Law Danistaned America Cinestons of absorption Danistaned America		

## lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

It amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Janis F Degen	2551 NW 44 St	ØÂdd
		Buca Roton, Fl. 334	/34 □Remove
AMBR	Samuel Shtark	2.551 NW 40th A	
		Bua Rilan, Je 334	₹ □Remove
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fective date, if other than the date of file in effective date is listed, the date must be specific a	ing:	4	(optional)	2.0
ote: If the date inserted in this block does no	it meet the applicab	le statutory filing re	nan 90 days after filing quirements, this date	y Pursuant to 605,020 will not be listed a:
ocument's effective date on the Department o	f State's records.			
ecord specifies a delayed effective date, but n	iot an effective time	e, at 12:01 a.m. on t	he earlier of: (b) Th	ne 90th day after the
is filed.				
is filed.				
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is filed.  nted	-·		,	
nted <u>Dett 31,2020</u>	a member or authoric	zed representative of a	member	

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