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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BOTTIED P LLC  Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dicina BlaxBerg
Name of Person
Loops and Stones  Firm/Company
9991 5380 AVEN
Address  ST. PETERSDURY: FC 33708  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  TO WAR BLOWNERY at (727) 303 - 7778  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
☐\$25 Filing Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

155+1600P, CCC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company were filed on 1/1	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	202 St
LOOPS and Stones, LLC	
"he new name must be distinguishable and contain the words "Limited Liability Company," the designati	ion "L.L.C" or the abbreviation" L.L.C.
Enter new principal offices address, if applicable:	^~
Principal office address MUST BE A STREET ADDRESS)	₩
<del></del>	7:1 <b>©</b>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	eet address
City	Florida

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

<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
			□ Add
			Remove
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