## L2300006109

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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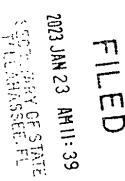




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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Bougle Moun	Hain Man imited Liability Company
The enclosed Articles of Amendment and fee(s) are st	abmitted for tiling.
Please return all correspondence concerning this matte	er to the following:
Eliazer	Name of Person
- Baigle 1	Mutain Man Firm/Company
34452 Sinc	gletary Rd. Address
	a City FL 34351 City/State and Zip Code
e Pagan 13 E-shail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Eliazer Pagan Name of Person	at (941) 809 - 8108 Area Code Daytime Telephone Number
inclosed is a check for the following amount:	
S25.00 Filing Fee \$\forall \\$\forall \\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bougie Mountain Man, L. E.C.

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on o ted Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp.	any were filed on <u>Jo</u>	4, 2003 and assigned	
Florida document number <u>L2300008 &amp; 03</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Bougie Mountain Man, L The new name must be distinguishable and contain the words "Limited L	<u>ic</u>		_
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	. 2	_
		SE 02	_
		T AND THE T	
Enter new mailing address, if applicable:	<del></del>	23 <u>C</u>	_
(Mailing address MAY BE A POST OFFICE BOX)			
		$\frac{1}{1} = \frac{1}{2}$	
		77 N. E. 39	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new regis	tered
Name of New Registered Agent:	<u> </u>		_
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	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

<u>Ťitle</u>	<u>Name</u>	Address	Type of Action
MGR	Eliazer Pagán	34452 Singletury Rd	□Add
		Myakka City IK 3405	<u> </u>
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<u>imbr</u>	morly Pagan	34452 Singletory Rd	TAdd
		Myakka City, FE 34351	Remove
			\times_Change
NBR	Ethan Pagan	34452 Singleterry 12d	X_\dd
		Myakica City, Fe 3425	<u> </u>
			□Change
MBR	Vinny Pagan	34452 Singletury Rd	<del>Z</del> \/\dd
	g.	Myatika City, FL 343	
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an effecti <u>ote:</u> If	date, if other ive date is listed, if the date inserted it's effective date	he date must be s I in this block d	pecific and cal loes not mee	nnot be prior t the applica	to date of filing able statutory	or more than	(option) O days after filements, this d	ing.) Pursuant to	605.0207 ( isted as t
record s Lis filed	pecifies a delaye	ed effective date	e, but not an	effective tii	me, at 12:01 a	a.m. on the ea	arlier of: (b)	The 90th day a	fter the
	Jan 1 me	9		<del>3</del> 693	<u>.</u>				
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aica <u> </u>		sign 1014 Pr	ature of a mer	nber or autho	rized represen	tative of a mer	nber		