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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Bout, QUE Gleen LLC Name of Limited Liability Company
Same or Emilied Dillomy, Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clarence E. Joyner TT
Bouliage Gileen 116
Firm/Company
13810 Suffer PARK DR. N #G15
JUCKSIN': 116 FL. 32224 City/State and Zip Code
houtiquegieen 1032 (a) a main can be E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brance of Person at (904) 597 0213  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scriffied Copy (additional copy is enclosed)  S50.00 Filing Fee Scriffied Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status Scriffied Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 FEB -1 AM 9: 40

FILLD

Bout aue Green 1	<u>C</u>	:: <u></u>
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) A Liability Company) ALLAMOSE FLOR	IDA
The Articles of Organization for this Limited Liability Company Florida document numb	were filed on 8/14/2093	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "ELC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	13810 Sylton PAILL D # 915 Jacksonv:118 FL. 322	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13810 Sulton Paick I Ducksonv. 11e Fl. 3	N 10. 415 2234
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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 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
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Filing Fee: \$25.00