L160000 38048

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
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J. HARRIS

COVER LETTER

TO:		stration Secti sion of Corpo			
CUD IE		BOLI-H, LLC			
SUBJE	CI:		Name of Limi	ted Liability Company	
The enc	losed	Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please r	eturn :	all correspond	ence concerning this matter t	to the following:	
			Christin Coblentz	•	
				Name of Person	
				Firm/Company	<u>.</u>
Please re			879 Reedy Cove		
				Address	
•		•••••	Casselberry , FL 32707		
				City/State and Zip Code	
			christincoblentz@gmail.com		
			E-mail address: (1	to be used for future annual report not	tication)
For furt	her in	formation con	cerning this matter, please ca	all:	
Christir	n Cobi			941 806-8209 at ()	
		Name of P	erson	Area Code Daytin	e Telephone Number
Enclose	d is a	check for the	following amount:		
\$25	.00 Fi	ling 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 Section Division of Corporations
- P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2016

CRISTIN COBLENTZ 879 REEDY COVE CASSELBERRY, FL 32707

SUBJECT: BOLI-H, LLC Ref. Number: L16000038048

We have received your document for BOLI-H, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being creturned for the following correction(s):

Please indicate if you are adding, removing or changing Cristin Coblentz.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00014047

16 DEC 30 PM 2: 18

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLI-H, LLC					
(Name of the Limited Lia (A Flo	bility Compa orida Limited	iny as it now appears (Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number £16000038048	y Company	were filed on Febru	uary 23, 2016	and assi	igned
his amendment is submitted to amend the following	; :				
. If amending name, enter the new name of the l	imited liab	ollity company here	<u>e</u> :		
Christin Coblentz Photography LLC					
he new name must be distinguishable and contain the words "	Limited Liabi	lity Company," the des	ignation "LLC" or the abbr	eviation "L.I	L.C."
Enter new principal offices address, if applicable:		707 Palmer Street	Apt A		
Principal office address MUST BE A STREET AD	DRESS)	Orlando, FL 3280	1		
				5 DEC	
nter new mailing address, if applicable:				<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)				P.	:,-३०
				?:	17.25
				8	æ
 If amending the registered agent and/or re egistered agent and/or the new registered office a 			our records, <u>enter tl</u>	ne name (of the n
Name of New Registered Agent: Ch	ristin Cobler	ntz			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: 707	7 Palmer Stre	eet Apt A			
		Enter Florid	a street address		
Orl	ando		, Florida ³²⁸⁰	1	
_		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>	Name	Address	Type of Action
MGR	Christin Coblentz	879 Reedy Cove	
		Casselberry, FL 32707	□ Remove
			Change
MGR	Rhonda Coblentz	Po Box 52851	
		Sarasota, FL 34232	Remove
		<u>-</u>	Change
			□ Add
			□ Remove
			Change
	•		□ Remove
			Change
			□ Add
			Remove -
			Change
			2:
			□ Remove
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	(optional)	if other than the date of	ective date, if o

Page 3 of 3

Filing Fee: \$25.00