

118000207559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

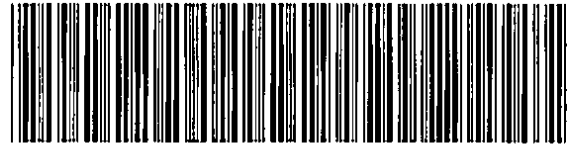
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11.12.2019

AUG 14 2019  
C. McNEER

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kasper Enterprise Group, LLC  
Name of Limited Liability Company

2009 AUG -9 1:14 PM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
 Please return all correspondence concerning this matter to the following:

Carole A. Kasper  
Name of Person  
Kasper Enterprise Group, LLC dba FMB Flyboard  
Firm/Company  
8518 Colony Trace Drive  
Address  
Fort Myers, FL 33908  
City/State and Zip Code  
kaspercarole@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carole A. Kasper                                      239      898-4063  
Name of Person                                      at (                      )  
Area Code                                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                     |                                                                                                              |                                                                                                                   |
|---------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="checked" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

AUG -9 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kasper Enterprises Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/29/2018 and assigned Florida document number L18000207559.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8518 Colony Trace Drive  
Fort Myers, FL 33908  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lori Ann Kasper	8518 Colony Trace Drive Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Pond	8518 Colony Trace Drive Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**  
Please change address for Carole A. Kasper and Walter A. Kasper, Jr.

8518 Colony Trace Drive

Fort Myers, FL 33908

August 6th, 2019

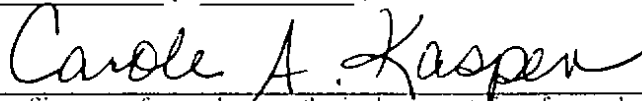
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 6 August 2019

  
Signature of a member or authorized representative of a member

Carole A. Kasper

Typed or printed name of signer