

LO5000097718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

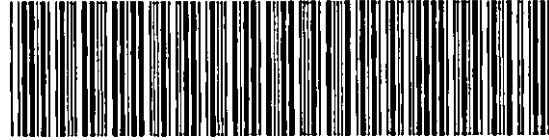
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SECRETARY OF STATE
DIVISION OF CORPORATION
18 SEP 20 AM 8:04

N. COOPER

SEP 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOOMING AROUND LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JON S. COOK

Name of Person

BOOMING AROUND LLC

Firm/Company

550 SE 150TH ST

Address

SUMMERFIELD, FL 34491

City/State and Zip Code

JONXB12SS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON S. COOK

352

566-2258

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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

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

BOOMING AROUND 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 10/04/2005 and assigned
Florida document number L05000097718.

This amendment is submitted to amend the following:

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

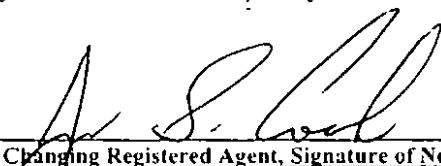
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u>550 SE 150TH ST</u>
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	<u>SUMMERFIELD, FL 34491</u>
Enter new mailing address, if applicable:	<u>550 SE 150TH ST</u>
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u>SUMMERFIELD, FL 34491</u>

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

Name of New Registered Agent:	<u>JON S. COOK</u>
New Registered Office Address:	<u>550 SE 150TH ST</u>
	<i>Enter Florida street address</i>
	<u>SUMMERFIELD</u> , Florida <u>34491</u>
	<i>City Zip Code</i>

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.


Jon S. Cook
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>
MGR	JON S. COOK	550 SE 150TH ST	<input checked="" type="checkbox"/> Add
		SUMMERFIELD, FL 34491	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARL F. KIRKMAN	16400 SE 47TH AVE	<input type="checkbox"/> Add
		SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change


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DIVISION OF COMMUNICATION
18 SEP 20 AM 8:04


E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee