## 206000118871

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:





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## COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	BODDIO POOIS LLC  Name of Limited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Robert Juha	
	Name of Person	
	BODDIN POOIS	
	Firm/Company	
	318 SE 5Th ave	
	Address	
	Cape (Oral Fl 33)  City/State and Zip Code	90 D
		~~ ~ ~
	bobbin pools a yahoo. ( E-mail address: (to be used for future annual report notification)	<u> </u>
For further information c	concerning this matter, please call:	
Rober	a(a(	w 58 
Name o	of Person Area Code Daytime Telephone Nu	ımber
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Cer (additional copy is enclosed) Cert	00 Filing Fee. tificate of Status & tified Copy itional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

2017
2017 OCT 27 FM 3: 06
3:06
- ANTIPOLICE

Bolobin F			All the State of t
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear ibility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	12/13/2001	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "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)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records, ente	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	pt . eti	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
	Enter Flor	ida street address	

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	Melanie Juha	328 SE 5th ave	■Add
		cape coral FL	□ Remove
		33990	Change
MGR	Justin Juha	217 SE 210 St	D Add
		Cape Coral FL	☐ Remove
		33990	Change
			🗆 Add
			Remove  Change  27
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n effective <u>te:</u> If th	e date inserte	the date must d in this blo	be specific an ck does not i	d cannot be p	olicable statu	filing or more t tory filing red	juirements, thi	onal) r filing.) Pursuan s date will not	t to 605.0207 be listed as
	specifies in day afte				not an eff	ective time	e, at 12:01 a	a.m. on the	earlier o
ted	octo	Divi	25	. 201	7.				
-	F	14V	Signature of a	member or a	uthorized repr	esentative of a	member		
			_		•				

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Filing Fee: \$25.00