

✓
L09000012743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 NOV 21 PM 12:32

B. DOSTICK
NOV 25 2013
EXAMINER

GKW&H

GIBSON, KOHL, WOLFF & HRIC, P.L.
1800 Second Street, Suite 920
Sarasota, Florida 34236

Reply To:
P. O. Box 49823
Sarasota, FL 34230

MICHAEL HRIC
Attorney At Law

Telephone: (941) 954-1359

Fax: (941) 953-2501

November 14, 2013

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: COMORUS GROUP, LLC
Amendment to Change Name to B S GOLF, LLC and
New Registered Agent and add/remove Managers

Dear Ladies & Gentlemen:

Enclosed please find an original and one (1) copy of the Amendment for the above identified entity and our check in the amount of \$55.00 for a certified copy. Please add Tom Smola as Resident Agent and add Jitka Slabochova and Jiri Slaboch as Managers and remove Pavel Koncel as Manager. Also change the entity name from Comorus Group, LLC to B S Golf, LLC.

I have enclosed a self-addressed, postage paid envelope for the return of the instruments. Should you have any questions or require any additional information.

Very truly yours,



Michael Hric

MH/sam

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COMOROS GROUP, 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:

Michael Hric

Name of Person

Gibson, Kohl, Wolff & Hric, P.L.

Firm/Company

1800 2nd Street, Suite 920

Address

Sarasota, Florida 34236

City/State and Zip Code

michaelhric@michaelhricesq.net

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

For further information concerning this matter, please call:

Michael Hric

Name of Person

at (**941**) **954-1359**

Area Code & Daytime Telephone Number

TALLAHASSEE, FL 32301

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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**

COMOROS 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 _____ and assigned
Florida document number L09000012743.

This amendment is submitted to amend the following:

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

B S GOLF, LLC

The new name must be distinguishable and end with 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)

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:

THOMAS SMOLA

New Registered Office Address:

1800 2ND STREET, STE 770, SARASOTA, FL 34236

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

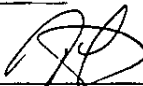
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pavel Koncel	Vladislava Vanfury 1186/4	<input type="checkbox"/> Add
		Beroun, Czech Republic 26601 CZ	<input checked="" type="checkbox"/> Remove
MGR	Jitka Slabochova	Zahoranska 172	<input checked="" type="checkbox"/> Add
		Beroun, Czech Republic 26601	<input type="checkbox"/> Remove
MGR	Jiri Slaboch	Zahoranska 172	<input checked="" type="checkbox"/> Add
		Beroun, Czech Republic 26601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE FL ORG

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOV 11, 2013



Signature of a member or authorized representative of a member

TOM SMOLA

TOM SMOLA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE COUNTY