

**L10000101165**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

**L1-101165**

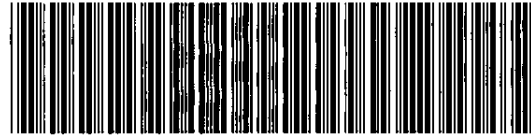
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(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 29 PM 2:49

N. Culligan OCT 29 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Five Bugles Institute, 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:

**Mark Goldfeder**

Name of Person

**Five Bugles Institute, LLC**

Firm/Company

**PO Box 1304**

Address

**Tarpon Springs, FL 34688-1304**

City/State and Zip Code

**fivebugles@msn.com**

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

For further information concerning this matter, please call:

**Mark Goldfeder**

Name of Person

at ( **727** )

**452-9266**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2010

MARK GOLDFEDER  
PO BOX 1304  
TARPON SPRINGS, FL 34688-1304

SUBJECT: FIVE BUGLES INSTITUTE, LLC  
Ref. Number: L10000101165

We have received your document for FIVE BUGLES INSTITUTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 410A00024276

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 29 PM 2:49

Five Bugles Institute, 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 September 28, 2010 and assigned Florida document number L10000101165.

This amendment is submitted to amend the following:

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

N/A

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)**

1526 River Oaks Drive

Tarpon Springs, FL 34689

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 1304

Tarpon Springs, FL 34688-1304

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

, Florida

N/A

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>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

FILED  
10 OCT 29 PM 2:49  
SECRETARY OF STATE  
DIVISION OF CORPORATION

Dated September 29, 2010



Signature of a member or authorized representative of a member

Mark Goldfeder

Typed or printed name of signee