

L10000101165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900403189009

02/27/20 -01014--019 **39.01

STATE
FILING OFFICE

2023 MAY 22 PM12:34

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2023

MARK GOLDFEDER
FIVE BUGLES INSTITUTE
PO BOX 1304
TARPON SPRINGS, FL 34655 US

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

We have received your document for FIVE BUGLES INSTITUTE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

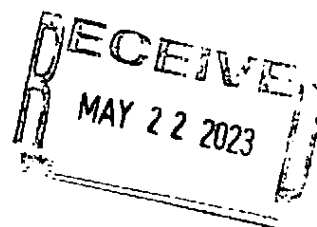
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 823A00009260

2023 MAY 22 PM 12:34
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

FILED



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 34655
City/State and Zip Code

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

For further information concerning this matter, please call:

Mark Goldfeder at (727) 452-9266
Name of Person 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 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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

FILED
2023 MAY 22 PM 12:34
TALLAHASSEE
FLORIDA

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

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 October 29, 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 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

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 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 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>
--------------	-------------	----------------	-----------------------

<u>V</u>	<u>Chere Goldfeder</u>	<u></u>	<input type="checkbox"/> Add
----------	------------------------	---------	------------------------------

		<u></u>	<input checked="" type="checkbox"/> Remove
--	--	---------	--

		<u></u>	<input type="checkbox"/> Change
--	--	---------	---------------------------------

<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
---------	---------	---------	------------------------------

		<u></u>	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		<u></u>	<input type="checkbox"/> Change
--	--	---------	---------------------------------

<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
---------	---------	---------	------------------------------

		<u></u>	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		<u></u>	<input type="checkbox"/> Change
--	--	---------	---------------------------------

<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
---------	---------	---------	------------------------------

		<u></u>	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		<u></u>	<input type="checkbox"/> Change
--	--	---------	---------------------------------

<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
---------	---------	---------	------------------------------

		<u></u>	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

		<u></u>	<input type="checkbox"/> Change
--	--	---------	---------------------------------

<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
---------	---------	---------	------------------------------

		<u></u>	<input type="checkbox"/> Remove
--	--	---------	---------------------------------

2023 MAY 22 PM 12:34
STATE OF FLORIDA
DEPT. OF REVENUE

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

F. Effective date, if other than the date of filing: January 6, 2023 (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

5/17/23


 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark Goldfeder

Typed or printed name of signee

2023 MAY 22 PM 12:34
STATE
DEPT

100