## LII 000 023 421

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

	legistration Secti Division of Corpo				
elin neces	GBolton LLC				
SUBJECT	l:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclos	sed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please reti	irn all correspond	ence concerning this matter t	o the following:		
		Geoffrey Lee Bolton			
			Name of Person		
		GBolton LLC			
			Firm/Company		<del></del>
		4 <del>9</del> 42 2	adnor Pl		
			Address		
		Sarasota	n, FL	34233	
	,	Screens (E-mail address: (to	City/State and Zip Cod  John Hon  o be used for future annu	c LLC - CO A al report notification	<del>``</del>
For furthe	r information con-	cerning this matter, please ca			
ه و)	off Bo	0/40	at ( <u>94 </u> )_ Area Code	35 C- 7	フク)
	Name of Po	erson	Area Code	Daytime Telep	hone Number
_		following amount:			
i <b>S</b> ∕\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u> )
pility Company were filed on $\frac{4/23}{1}$	24 and assigned
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he limited liability company here:	
ds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.1C."
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istered office address on our records, <u>enter</u> <u>here</u> :	the name of the new registered
	···
Enter Florida street addre	XX
City.	lorida Zip Code
	istered office address on our records, enter here:  Enter Florida 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 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>	Name	Address	Type of Action
AMBR	Tiffany Kin	4042 Radnor Pl Barasota, FL 34233	
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ective date, effective date	if other than is listed, the date	the date of filitimust be specific as	ng: nd cannot be prio	r to date of filir	ng or more than 90 d	_ (optional ays after filin	) g.) Pursua	nt to 605,0
<u>te:</u> If the dat	te inserted in th	is block does not ne Department of	meet the appli	cable statutor	y filing requireme	nts, this dat	e will no	t be listed
	s a delayed effe	ective date, but no	ot an effective t	time, at 12:01	a.m. on the earlie	erof:(b) T	he 90th o	iay after ι
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