

L14000035008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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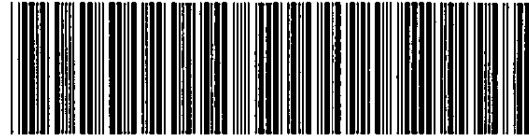
(Business Entity Name)

(Document Number)

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14 MAY 21 5H PM 2590
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

BOSSSES ASS L.L.C.
2132 TAMA CIR #201
NAPLES, FL 34112

SUBJECT: BOSSSES ASS L.L.C.
Ref. Number: L14000035005

We have received your document for BOSSSES ASS L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00009879

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

BosSES ASS 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 March 1, 2014 and assigned
Florida document number order # FCF 20140301180640

This amendment is submitted to amend the following:

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

BosSES ASS LLC

(Same name)

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:

Armand Verrier

New Registered Office Address:

2132 Tama Cir. # 201

Enter Florida street address

NAPLES

City

Florida

34112

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 Changing Registered Agent, Signature of New Registered Agent

MGR = 'Manager'
AMBR = Authorized Member

mgr Bradley Cousad 2132 TAMA Cir #201 ☐ Add
NAPLES, FL. 34112 ☒ Remove

mar	Armand Verrier	2132 TAMA Cr. # 201	<input checked="" type="checkbox"/> Add
		NAPLES, FL. 34112	<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Remove☐ Add☐ Remove☐ Add☐ Remove

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

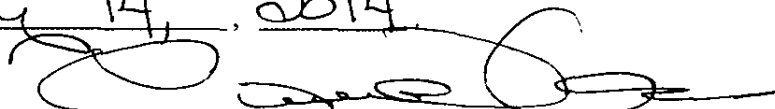
N/A

E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

MAY 14, 2014



Signature of a member or authorized representative of a member

Armand Vercier

Typed or printed name of signee

FILED
14 MAY -2 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA