# L140000 78592

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			, , <del>'</del>
SUBJECT:	RS BOES,	LLC.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROB	ert BUES Name of Person	
		Name of Person	<del>-</del>
	RS BU	DES, LLC Firm/Company	
		Firm/Company	
	101	W. ENSLEY ST	-
		W · ENSLEY 57 Address	
	Pens	A COLA, FL 32 City/State and Zip Code  ES O PRECISIO To be used for future appual seport notice.	1534
	220	City/State and Zip Code	a Dada UTT
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		,
2000	- 00	7-1 717	
ROBER Name o	f Person	at (321) 747 Area Code Daytim	-0/55 e Telephone Number
Name o		rned Code Daynin	o receptione realities.
Enclosed is a check for the	ne 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

#### 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

KS BOES	, LLC				
(Name of the Limited	Liability Compai Florida Limited L	iy as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L1H00007</u> This amendment is submitted to amend the follow	8592	were filed on Ma	ry 14, 20	<u>01                                    </u>	ssigned
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and end with the wo	ole:	lity Company," the desig	gnation "LLC" or	the abbreviation	"L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Bell)	<u>0X)</u>	101 U Pen	u. Ensl. sacola	ey 3t.	<i>32534</i>
B. If amending the registered agent and/or registered agent and/or the new registered offi	-		r records, <u>en</u>	ter the name	e of the new
Name of New Registered Agent:				7. 0	
New Registered Office Address:		W. Ensl.	ey 3+.		, <u></u>
	Pon	sacola	, Florida	325	34
		City	, Fromus	Zip Cod	e

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
Title	Name	Address	Type of Action	
			Add	
			☐ Remove	
		<del></del>	Add	
			☐ Remove	
			Add	
			Remove	
		<del> </del>		
<del></del>			□ Add	
		<del></del>	Remove	
		<del>.</del>		
<del></del>	<del> </del>		Add	
			□ Remove	
		<u></u>		
	<del> </del>		□ Add	
			☐ Remove	

D. If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
authorized Person	S Addresses to Be Changed
Robert Boes -	101 W. Ensley St.
	Pensacola, 4 32534
Stephanie Sharp	101 W. Ensley St.
	Pensacola, Fi 32534
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	
Dated 8/1/14,	
Senature of a mer	mber or authorized appresentative of a member
Stephe	anie Shap
<b>Γ</b> Ty	/ped or printed name of signee/

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Filing Fee: \$25.00

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