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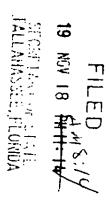
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DEC 18 2019 S. YOUNG

## **COVER LETTER**

Divi	sion of Cor	porations				
SUBJECT:	BO'S COR	AL REEF, LLC				
SUBJECT		Name of Lim	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		CLIFFORD P. KOSCHNI	СК			
			Name of Person			
		BO'S CORAL REEF, LLC				
			Firm/Company			
		2639 KNOLL STREET EA	AST			
			Address	<del> </del>		
		PALM HARBOR, FLORE	DA 34683			
		City/State and Zip Code MARSHALLTPA@GMAIL.COM				
		E-mail address: (	to be used for future annual report notif	ication)		
For further in	formation c	oncerning this matter, please ca	all:			
MARSHALI.	LEE		813 789-8462			
	Name o	f Person		Telephone Number		
Enclosed is a	check for the	ne following amount:				
■ \$25.00 Fi		☐ \$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:

TO:

Registration Section

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

BO'S CORAL REEF, 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  $\frac{03/04/2015}{}$ and assigned Florida document number <u>L15000040193</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office 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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_\_

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>	Type of Action
AMBR	CLIFFORD KOSCHNICK	2639 KNOLL STREET EAST	
			<b>=</b> Add
		PALM HARBOR, FL 34683	
			☐ Remove
			Change
		<del></del>	the change
			Remove
			Chunan
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			to Change
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OWNERSHIP PERCENTAGE	ES STAY THE SAME: CLIFFORD KOSCHNICK = 98%. JOSHUA FRASURE =
1%, AND BENJAMIN SHAW	'N SIMMONS = 1%.
THIS AMMENDING DOCUM	MENT DOCUMENT CHANGES CLIFFORD KOSCHNICK FROM MGR
(MANAGER) TO AMBR (AU	JTHORIZED MEMBER).
<del>-</del>	
ective date, if other than the d	11/14/2019 late of filing: (optional)
n effective date is listed, the date must b	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ck does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed of The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier rd is filed.
NOVEMBER 14	2019
•	
Clar	Ignature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00