1 15000 106561

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(Address)	_
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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Paul Fiano
2018 NE Ridge Ave
Jensen Beach, FL 34957
paulfiano@Koboltmp.com
+1-772-215-3490
www.Koboltmp.com

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

Good Afternoon,

Please find the enclosed amendment to Kobolt Maritime Professionals, LLC L15000106561 to include "Transfer ownership of Kobolt Maritime Professionals, LLC at time of death of the owner Paul P. Fiano, Jr., to Cara Beth York (100%).

6/24/2020

Best Regards,

Paul Fiano Owner

Kobolt Maritime Professionals

paulfiano@koboltmp.com

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
KOBOLT I	MARITIME PROFESSIONAL	LS .	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAUL P FIANO		
		Name of Person	
	KOBOLT MARITIME PI	ROFESSIONALS	
		Firm/Company	
	2018 NE RIDGE AVE		
		Address	<u> </u>
	JENSEN BEACH, FLORI	DA 34957	
	•	City/State and Zip Code	
	PAULFIANO@KOBOLTN	MP.COM to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	·	incation)
	oncerning this matter, preuse e		
PAUL FIANO Name of Person		at ()	T 1 1 N 1
Name o	rerson	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	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 (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOBOLT MARITIME PROFESSIONALS, LLC		2000 20	^2: 6 ;;
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)	दर्ग (स
The Articles of Organization for this Limited Liability Company	were filed on JA	NUARY 20, 2020	and assigned
Florida document number L15000106561			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	esignation "LLC" or the	he 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 agent and/or the new registered office address here:	address on our re	cords, <u>enter the i</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		лр Сойе
I hereby accept the appointment as registered agent and agr		anacity I further	agree to comply with th
provisions of all statutes relative to the proper and complete			

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 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
————			□Add
			□ Remove
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

PROFESSIONALS, LLC AT	T TIME OF DEATH OF THE OWNER, PAUL PETER FIANO, JR TO
CARA BETH YORK (100%	n).
	
	
_	
ective date, if other than the	date of filing: JUNE 26, 2020
effective date is listed, the date mus	thate of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as
ument's effective date on the De	epartment of State's records.
cord specifies a delayed effectiv	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	(c)
d JUNE 26	2020
ed JUNE 26	1.
ed	Signature of a member or authorized representative of a member