

L15 000 106561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

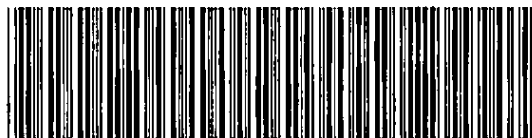
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/11/20--01006--021 **25.00

2020 DEC 11 AM 7:05

FILED

JAN 26 2021

S. YOUNG



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 **delete the sentence**, " Transfer ownership of Kobolt Maritime Professionals, LLC at time of death of the owner, Paul Fiano to Devin Jevon Burnup and Cara Beth York evenly (50% each) and **add the sentence** "Transfer 100% ownership of Kobolt Maritime Professionals, LLC at time of death of the owner Paul Fiano, to Cara Beth York.

Best Regards,

Paul Fiano

Owner

Kobolt Maritime Professionals

paulfiano@koboltmp.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kobolt Maritime Professionals, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Fiano

Name of Person

Kobolt Maritime Professionals, LLC

Firm/Company

2018 NE Ridge Ave

Address

Jensen Beach, Florida 34957

City/State and Zip Code

paulfiano@koboltmp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Fiano

772

215-3490

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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**

Kobolt Maritime Professionals, 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 January 17, 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 liability company here:

The new name must be distinguishable and contain 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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

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>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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		<hr/>	<input type="checkbox"/> Change

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

Amend LLC L15000106561- Delete the sentence "Transfer ownership of Kobolt Maritime Professionals, LLC at time of death of the owner, Paul Fiano to Devin Jevon Burnup and Cara Beth York evenly (50% each)." and add the sentence "Transfer ownership of Kobolt Maritime Professionals, LLC at time of death of the owner, Paul Fiano to Cara Beth York (100%)."

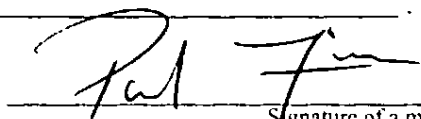
E. Effective date, if other than the date of filing: December 1, 2020 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 1 2020



Signature of a member or authorized representative of a member

Paul Fiano

Typed or printed name of signee