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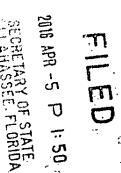
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: GO	FOR THE BOL	LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are sub	<b>C</b>	
riease return an correspo	ndence concerning this matter	to the following:	
	GREGORY F	Name of Person	···
		BOLD! LLC Firm/Company	· .
	9526 ARGY	LE FOREST BLVI	), STE B2 # 234
		FL 32222 City/State and Zip Code The Bold. Co to be used for future annual report notif	
For further information co	oncerning this matter, please ca		,
GREGORY FO	YULKNER_ FPerson	at (964) 535-4 Area Code Daytime	t 12 6 e Telephone Number
Enclosed is a check for th	e 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)
MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO FOR THE	ROLD!	LLC	
( <u>Name of the Lim</u>	tited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited	Liability Company	were filed on DEC	28, 2015 and assigned
Torida document number _L1500021286	<u>.                                    </u>		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here	:
GO FOR THE BOLD	LLC		
GO FOR THE BOLD The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	F ROX)		
	3.450127		
egistered agent and/or the new registered of New Registered Agent:			
New Registered Office Address:	•	-	
New Registered Office Address.	<del></del>	Enter Florida	street address
			. Florida
		City	, Florida Zip Code
lew Registered Agent's Signature, if changing	Registered Agent:	•	
hereby accept the appointment as register rovisions of all statutes relative to the proposes the obligations of my position as regeing filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as p e registered office	performance of my provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	_		
	<u>N/</u>	A	10 mg
	If Char	nging Registered Agent	Signature of New Registered Agent
			- 13-
	Page :	1 of 3	SSE -5

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>	Address	Type of Action
<del></del>	N/A		□ Add
			□ Remove
			☐ Change
			☐ Remove
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	Page 2 o	of 3	D 1: 50

D. If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary.)	
1		
<del></del>	<u> </u>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d  Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	_(optional) ays after filing.) Pursuant to 605.0 ints, this date will not be listed	207 (3)(b) I as the
If the record specifies a delayed effective date, but not an effective time, at 1. (b) The 90th day after the record is filed.	2:01 a.m. on the earlier	of:
Dated APRIL OI 2016		
Signature of a member or authorized representative of a member		
GREGORY G. FAVIKNER  Typed or printed name of signee	_	
i yped or printed name of signee		April 1984
Page 3 of 3	ARETAI AHAS	-
Filing Fee: \$25.00	-5 P ARY OF S	LED
	I: 50 STATE ORIDA	