

L/60000309/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

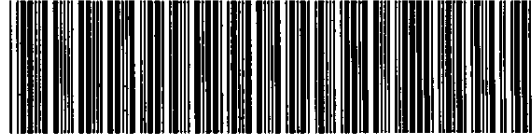
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
APR 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOGIES ENVIRONMENTAL SERVICES TEAM 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:

ED BOGARD

Name of Person

BOGIES ENVIRONMENTAL SERVICES TEAM LLC

Firm/Company

8240 FOX HOLLOW DRIVE

Address

PORT RICHEY FLORIDA 34668

City/State and Zip Code

BOGIES2016@GMAIL.COM

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

For further information concerning this matter, please call:

ED BOGARD

Name of Person

at (765) 661-6443

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	STACEY BOBARD	8240 Fox Hollow DR	<input checked="" type="checkbox"/> Add
		PORT Richey FL 34668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATHAN BOBARD	8240 Fox Hollow DR	<input type="checkbox"/> Add
		PORT Richey FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FL 32309-0000

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

2016 APR 22 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 4/15/2014 (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 April 15th, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ED BOGARZ

Typed or printed name of signee