

L16000064049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05/17/22--01009--025 **25.00

2022 MAY 17 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOLDER BARRE 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:

HUNTER W WOLCOTT

Name of Person

LIVING BOLDER LLC

Firm/Company

1010 SW LIGHTHOUSE DR

Address

PALM CITY, FL 34990

City/State and Zip Code

HUNTERWOLCOTT@YAHOO.COM

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

For further information concerning this matter, please call:

HUNTER WOLCOTT

772

486-2966

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**

FILED

2022 MAY 17 AM 9:39

BOLDER BARRE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

**SECRETARY OF STATE
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 03/28/2016 and assigned
Florida document number L16000064049.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIVING BOLDER LLC

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Task	Time (s)	Success Rate (%)	Operation
Task 1	12.5	95	Add
Task 2	15.2	88	Remove
Task 3	18.7	92	Change
Task 4	21.3	85	Add
Task 5	24.8	90	Remove
Task 6	27.5	87	Change
Task 7	30.1	93	Add
Task 8	33.6	89	Remove
Task 9	36.2	91	Change
Task 10	39.7	86	Add
Task 11	42.3	94	Remove
Task 12	45.8	88	Change
Task 13	48.4	92	Add
Task 14	51.9	87	Remove
Task 15	54.5	90	Change

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

2022 MAY 17 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

דעם

E. Effective date, if other than the date of filing: _____ (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 MAY 11, 2022

2022



Signature of a member or authorized representative

HUNTER W WOLCOTT, MEMBER

Typed or printed name of signee

Filing Fee: \$25.00