LIL 0000 86757

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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12/19/17--01021--019 ++25.00

D. SCOTT DEC 2 0 2017

COVER LETTER

TO: Registration S Division of Co			
HuB Cam	-		
SUBJECT:	Name of Lim	ited Liability Company	4 - 44
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Ben Kiekel		
		Name of Person	
	Biter Enterprises		
		Firm/Company	
	1233 N Gulfstream Ave., I	PH-1	
		Address	
	Sarasota, FL 34243		
		City/State and Zip Code	
	jb3@biter.com	to be used for future annual report	notification)
For further information	concerning this matter, please ex	·	nonneation)
	concerning this matter, prease co		,
Ben Kiekel		941 376-774 at ()	
Name	of Person	Area Code Da	ytime 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	Registration So Division of Co Clifton Buildir	rporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUB Campus LLC				
(<u>Name of the Limited L</u> (A F	iability Company Iorida Limited Lia	as it now appears on our bility Company)	records.)	
he Articles of Organization for this Limited Liabil	lity Company w	ere filed on 04/25/2016	,	and assigned
lorida document number L16000080797	_ ·			
his amendment is submitted to amend the followir	ng:			
. If amending name, enter the new name of the	e limited liabili	ty company here:		
BOLD Sarasota, LLC				
he new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	n "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	2:			
Principal office address MUST BE A STREET A	DDRESS)			
	_			
Enter new mailing address, if applicable:	-		· ·	
Mailing address MAY BE A POST OFFICE BOX	X)			
				
	-			
3. If amending the registered agent and/or i	registered offic	ce address on our re	ecords, <u>enter</u>	the name of the
egistered 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			🗆 Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			Change
			<u></u> □ Add
			Remove
			Change

_□ Remove

_□ Change

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lf an effec <u>Note:</u> H	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Both day after the record is filed.
Dated_	December 13 2017
vaicu _	
	x (0) , x 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of a member or authorized representative of a member-

Page 3 of 3

Filing Fee: \$25.00