

3/7/2018

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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S. WARREN

MAR 07 2018

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		•	COVER LETTER		
TO:	Registration Se Division of Cos		12 2		
SUBJ	BOGIE C	APITAL, LLC			
30/20	201.	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.	.:		
			Firm/Company		
		101 N. Brand Blvd., 11t	h Floor		South
			Address		117.01
		Glendale, CA 91203			pres
		chris.parker@oetiker.com R-mail address: (City/State and Zip Code n to be used for future annual report notil	fication)	
For fu	rther information o	oncerning this matter, please c	all:		
Chey	enne Moseley		800 773-0888 e	xt. 9724	
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclos	sed is a check for th	se following amount:			
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is successed)	

MAILING 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

347.43

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOGIE CAPITAL, LLC	TELL ME	
· · · · · · · · · · · · · · · · · · ·	y Company as it now appears on our Limited Liability Company)	records.
The Articles of Organization for this Limited Liability Co. Florida document number L18000025298	ompany were filed on 01/29/201	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10-page-1
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent: New Registered Office Address:		
New Registered Agent's Signature, if changing Registered	City (11)	Zip Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agenty filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacit emplete performance of my dut ent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is irm that the limited liability
	Page 1 of 3	FILED FILED STATE ANY OF STATE FLORIDA
	्रवार्ति । संदेशका प्रकार १९४१ - १९४१	SH M

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	Innager authorized Member	i. No	
Title	Name	Address	Type of Action
AMBR	David Parker	1700 66th St. N.	
		St. Petersburg, FL 33710	<u>⊭</u> ⊠ Remove
AMBR	The Deborah J. Parker and David C. Parker Trust 6/27/2011	1700 66th St. N.	<u></u>
		St. Petersburg, FL 33710	☐ Remove
		9. 	् इतर्व
			☐ Remove
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			□ Add
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. If amending any other information, enter chang	je(s) here: (/	Ittach additional s	heets, if necessary.)
		1,000	
		No.	
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	018.	·	
Signature of a memb	er or authorized	representative of a m	ember
David C. Parker, Trustee on behalf of	The Deborah	J. Parker and Dav	rid C. Parker Trust 6/27/20
Typ	ed or printed na	me of signee	

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Filing Fee: \$25.00

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