

(Reque	estor's Name)	<u> </u>
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(City/S	tate/Zip/Phon	ne #)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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03/09/18--01015--007 \*\*25.00

TALLAHASSEE, FLORIDA



201 W 11th Ave Mount Dora, FL 32757 407.300.7938

To whom it may concern, Enclosed in this envelope is the amendment to remove Linda Bokland from Manager and add Linda Bokland to Member.

Payment for the fee: Check #238 for the amount of \$25.00

Thank you for your assistance.

Sincerley,

Jeanette\Bokland, Manager

## **COVER LETTER**

TO:				
CIT. 173.11		i Group, LLC		
SUBJ	ECI:	Name of Limi	ited Liability Company	<del></del>
The en	iclosed Articles of A	tinendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Jeanette Bokland	this matter to the following:  Ind  Name of Person  Firm/Company  e  Address  1.32757  City/State and Zip Code  all address: (to be used for future annual report notification)  er, please call:  407  300-7938  at (	
	Name of Person  Firm/Company  201 W 11th Ave  Address  Mount Dora, FL32757  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  Area Code  Name of Person  Address  Mount Dora, FL32757  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  at (A7 300-7938)  at (Area Code Daytime Telephone Number)  sed is a check for the following amount:  25.00 Filing Fee  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy			
			Firm/Company	
		201 W 11th Ave		
			Address	
		Mount Dora, FL 32757		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	ther information co	ncerning this matter, please ca	all:	
Jeanet	te Bokland			
г			Area Code Daytime	Telephone Number
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Bokland Group, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
· · · · · · · · · · · · · · · · · · ·	y were filed on Fe	bruary 19, 2018	and assigned	
Florida document number				
This amendment is submitted to amend the following:				
orida document number				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" or the abl	previation "L.L.C."	_
Enter new principal offices address, if applicable:				₹
(Principal office address MUST BE A STREET ADDRESS)				
			H A	<u>⊋</u> ੌ
				25
Enter new mailing address, if applicable:				333
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		<del></del>		400
		our records, <u>enter</u>	the name of the	new
Name of New Registered Agent:				_
New Registered Office Address:	<del> </del>	<del> </del>		
	Enter Flor	ida street address		
<del></del>	<del></del>	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Bokland		
		201 W 11th Ave Mount Dora, FL 3	
			■ Remove
			Change
AMBR	Linda Bokland	201 W 11th Ave, Mount Dora, FL 3	Add
			☐ Remove
			Change
<del></del> .			Add
			☐ Remove
			Change
	<del></del>		
			Remove
		<del></del>	Change
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			Remove

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Effective date, if other the if an effective date is listed, the d	in the date of filing:	ha prior to data of filia	(op	tional)	0207
Note: If the date inserted in document's effective date on	this block does not meet the	e applicable statutor	y filing requirements, th	uis date will not be liste	d as t
ne record specifies a de The 90th day after th	elayed effective date, t e record is filed.	out not an effec	tive time, at 12:01	a.m. on the earlie	erof:
March 6 Dated	2018	8			
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		_ /\			

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Typed or printed name of signee

Filing Fee: \$25.00