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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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09/17/18--01023--011 **25.00



COVER LETTER

Division	of Corporations	
SUBJECT: Kt	irt Bogart LLC	
	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
	orrespondence concerning this matter to the following:	
	Kurt Bogart	
	Name of Person	
	Firm/Company 208 Seven Doors Lane	
	Address	
	St. Augustine, FL 32095	
	City/State and Zip Code kurt@endlesssummerreality.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Kurt Bogart	904 947-0040 at()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	ck for the following amount:	
■ \$25.00 Filing	Fee Solution Filing Fee & Solution Status Certified Copy Certificate of Status (additional copy is enclosed) Solution Status Solution	

MAILING ADDRESS: Registration Section Division of Corporations

Registration Section

TO:

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

Kurt Bogart LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{3/2}{2}$	27/2018 and assigned
Florida document number L18000078049		
his amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :
N/A		- 1 1 6
he new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: N/A	
Principal office address MUST BE A STREET	ADDRESS)	
		美元二
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or		our records, enter the name of the
egistered agent and/or the new registered offic	<u>e address here</u> :	
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Flor	ida 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

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>	Type of Action
MGR	Kurt Bogart	208 Seven Doors Lane St. Augustine, FL 32095	■ Add
			Remove
		-	☐ Change
AMBR	Gabrielle Bogart	208 Seven Doors Lane St. Augustine, FL 32095	
		· · · · · · · · · · · · · · · · · · ·	Remove
			■ Change
			Remove
			☐ Change
			Add
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ective date, if other than the date in effective date is listed, the date must be spete: If the date inserted in this block document's effective date on the Department.	ecific and cannot be prior to date of ses not meet the applicable statu	filing or more than 90 days after	ional) or filing.) Pursuant to 605.02 is date will not be listed
record specifies a delayed effe The 90th day after the record is		fective time, at 12:01	a.m. on the earlier
September 11,	. 2018		
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Page 3 of 3

Filing Fee: \$25.00