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(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co			
OUD IPZYP.	3) (aa	CHING, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANK	205151	
	<u> </u>	BOS (E Y Name of Person	
		COACHING	
		Firm/Company	
	2214 WIII	ING TRAIL	
		Address	
	ORLANDO	FL 37826 City/State and Zip Code	
		we Bosley.com	ication)
For further information of	concerning this matter, please ca	·	
FRANK	Bosley	at (321) 277	5791
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S= \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55,00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Č	•	SE =
3L COACHINE	c, LLC	A 06
(Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company)	AST 2
		SEE O
The Articles of Organization for this Limited Liability Company	were filed on O4/02/2000	and assigned
Florida document number <u>L1800087498</u> .		R. T.
This amendment is submitted to amend the following:		26 104
A. If amending name, enter the new name of the limited liab	ility company here:	
BOSLEYPARRISH LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	S9 ALAFAYA WOODS	BLUD
(Principal office address MUST BE A STREET ADDRESS)	OVIEW FC 32765	
Enter new mailing address, if applicable:	59 ALAFAYA WOODS	BLUD
(Mailing address MAY BE A POST OFFICE BOX)	OUIEDO, FL 32765	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the nev
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

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMOR	DEBRA PARRISH	4563 Chuluda Ro.	X Add
		Orlando, FL 32720	□ Remove
			☐ Change
			□ Remove
			Change
			O Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
			
			Remove
			Change
			☐ Remove

_□ Change

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an effe iote:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated .	October 25 . 2018.
	Signature of a member or authorized appresentative of a member

Page 3 of 3

Filing Fee: \$25.00