

L180000 90193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 20 2019
S. YOUNG

FILED
19 MAY 19 PM 6:50
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boosted Beans, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew S Wilson

Name of Person

Firm/Company

2701 N Rocky Point Dr Suite 175

Address

Tampa, FL 33607

City/State and Zip Code

andy@quietprofessionalsllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Wilson

at (727) 4880035

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Boosted Beans, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/10/2018 and assigned
Florida document number 1.18000090193.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2701 N Rocky Point Dr Suite 175

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33607

Enter new mailing address, if applicable:

2701 N Rocky Point Dr Suite 175

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33607

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Infinite Resolve, Inc

New Registered Office Address:

2701 N Rocky Point Dr Suite 175

Enter Florida street address

Tampa

City

Florida 33607

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>	<u>Type of Action</u>
MGR	Infinite Resolve, Inc	2701 N Rocky Point Drive Set 175 Tampa, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew S Wilson	2701 N Rocky Point Drive Set 175 Tampa, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cindy M Wilson	2701 N Rocky Point Drive Set 175 Tampa, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee