## 19000075872

(F	tequestor's Name)	
(A	ddress)	<u> </u>
	ddress)	
4)	.ouress)	
(C	ity/State/Zip/Phone	#)
		MAIL
(r)	<u> </u>	
(8	lusiness Entity Nam	ie)
(C	ocument Number)	
ed Copies	Certificates	of Status
cial Instructions to	Filing Officer:	
	Office Use Only	y



12/20/19--01011--019 ++25.00

19 DEC 20 PH 3: 01

JAN 2 4 2020 C MCNAIR

## **COVER LETTER**

Registration Section Division of Corpora		
ест: <u></u> ВоЦ	5's Bents LLC	
	Name of Limited Liability Company	
nclosed Articles of Amer	ndment and fee(s) are submitted for filing.	19 01 20
: return all corresponden	ce concerning this matter to the following:	20 7
_	Robert P Cole	
	Name of Person	
-	Bob's Bets LL.C	
-	Eleli Shrivar Circle	
-	LAKI Mary FL 32746 City/State and Zip Civic	
	City/State and Zip Code V D CO/L 57 B G MG/ (OM E-mail address: (to be used for future annual report notification)	
rther information concer	rning this matter, please call:	

Cole at  $(\frac{407}{\text{Area Code}})$  756 375 Daytime Telephone Number Name of Person

sed is a check for the following amount:

15.00 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 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

ТО		
ARTICLES OF OR	GANIZATION	
OF		· ,
Bob's Beat	S LLC	19 00
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records ility Company)	
Articles of Organization for this Limited Liability Company we		and assigned T
la document number <u>L19000075</u> 872	2	0, 11
amendment is submitted to amend the following:		
amending name, <u>enter the new name of the limited liabilit</u>	y company here:	
w name must be distinguishable and contain the words "Limited Liability	Company " the designation "LLC"	" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		<u></u>
<u>cipal office address MUST BE A STREET ADDRESS)</u>	· · · · · · · · · · · · · · · · · · ·	
-	·····	
r new mailing address, if applicable:		
ing address MAY BE A POST OFFICE BOX		
f amending the registered agent and/or registered offic ered agent and/or the new registered office address here:	e address on our records	, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Fla	orida
	Cuy	Zip Code
egistered Agent's Signature, if changing Registered Agent:		

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ' the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

moved from our records:

R = Manager R = Authorized Member

**Type of Action** Address Name BR Robert P Cole 866 Shriver Circla Kadd CAK. Mary FL 32746 DRemove \_ Change \_ 🗆 Add 🗆 Remove \_\_\_\_ \_\_\_\_\_ Change \_🗆 Add 🗌 🗆 Remove \_ 🖸 Change 🗆 Add 🗆 Remove \_\_\_\_\_ Change 🗖 Add D Remove \_\_\_\_\_ Change \_\_\_\_\_ □ ∧dd 🗇 Remove \_ 🛛 Change \_\_\_\_\_

• • • • •			
	· · · · · · · · · · · · · · · · · · ·		
·			
	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
<u>~</u>			

ctive date, if other than the date of filing: \_\_\_\_\_\_\_\_\_(optional) effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) :: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.

ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.

Dov  $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$   $\frac{1}{1}$  Signature of a member or asthorized representative of a member Robert Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00