

K21 000081250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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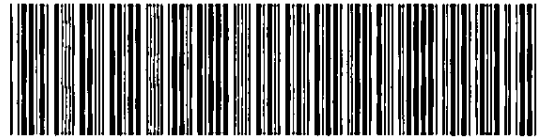
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOHEMIAN DELICIOUS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Jaensch Karins

Name of Person

Peter J. Jaensch Immigration Law Firm, PA

Firm/Company

2198 Main Street

Address

Sarasota, FL 34237

City/State and Zip Code

renatadaholu@icloud.com

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

For further information concerning this matter, please call:

Victoria Jaensch Karins

941 366-9841

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

BOHEMIAN DELICIOUS, 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 02/17/2021 and assigned
Florida document number L21000081250.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Renata Mikulas

New Registered Office Address:

1638 Pinyon Pine Drive

Enter Florida street address

Sarasota

City

Florida 34240

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.

Renata Mikulas

If Changing Registered Agent, Signature of New Registered Agent

~~as removed from our records.~~

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Renata Mikluas	1638 Pinyon Pine Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lubos Panek	242 S. Washington Blvd. Unit 172	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pavla Pruchova	320 Central Avenue Unit 225	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ITALY
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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 10/7/2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00