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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2021 DEC 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOOTSTRAP VENTURES 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:

HEATHER L. RAYMOND

Name of Person

Firm/Company

343 NE COASTAL DRIVE

Address

JENSEN BEACH, FL 33457

City/State and Zip Code

cardio.grl@gmail.com

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

For further information concerning this matter, please call:

HEATHER L. RAYMOND

916 755-8186

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

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

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	PHILIP JOSEPH RAYMOND	343 NE COSTAL DRIVE	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HEATHER L. RAYMOND	343 NE COASTAL DRIVE	<input checked="" type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HEATHER RICH	342 NE COASTAL DRIVE	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CORRECTION ON ADDRESS: FROM 342 NE COASTAL DRIVE (INCORRECT)

TO: 343 NE COASTAL DRIVE (CORRECT)

NAME CHANGE DUE TO MARRIGE:

HEATHER RICH, is now a/k/a as HEATHER L. RAYMOND

NEW NAME: HEATHER L. RAYMOND

E. Effective date, if other than the date of filing: 12/24/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/24

2021

Signature of a member or authorized representative of a member

HEARTHER L. RAYMOND

Typed or printed name of signee

Filing Fee: \$25.00