## L23000242837

(Requestor's Name)
(Address)
(Address)
(1000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine (Calmber))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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February 19, 2024

MICHAEL BOCK 927 SIGNET DR APOLLO BEACH, FL 33572

SUBJECT: BOCK MORTGAGE GROUP LLC

Ref. Number: L23000242837

We have received your document for BOCK MORTGAGE GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

W3

Letter Number: 124A00003606

## COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	BOUR MORE	Gage Group LE	4 C		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Michael	Bock Name of Person			
		Name of Person			
	Bock	Mostgage Group	LLC		
		ritueCompany			
	424 1	Bahama Gruhle 1	3NL		
		Bahama Gruhse 1 Address			
	Afollo Bea	ch Fl. 37573 City/State and Zip Code	2		
		City/State and Zip Code	<u></u>		
		@ BOCKMTG. CO			
		to be used for future annual report notil			
For further information of	oncerning this matter, please c	all:			
Michael Name o	BOCK	at ( <u>727</u> ) <u>457</u> Area Code Daytimo	- 6498		
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he 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 Addres		Street Address:	ation.		
Registration : Division of C		Registration Section Division of Corporations			
P.O. Box 632	-	The Centre of T	-		
Tallahassee,			e Street, Suite 810		

Tallahassee, FL 32303

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

BOCK YMOLFGAGE	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 23000 24 283</u> 7	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3660 Erindale Dr.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Valrico, FL. 33596
Enter new mailing address, if applicable:	3660 Erindale Dr. Valrico, FL 33596
(Mailing address MAY BE A POST OFFICE BOX)	Valr:co, FL 33316
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent: Michael	el T Bock
New Registered Office Address: 3660	Elihdale Dl.  Enter Florida street address
	City Sp 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.

> michael Bear 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

Title	<u>Name</u>	Address	Type of Action
MGR	Theresa Boch	424 Bahama glande Blud	□Add
		Hollo Beach GL. 33572	Kemove
			□Change
MGR	Michael Bock	424 Bahama Grande Bl	<u>⊬</u> XAdd
		Apollo Beach FL. 33572	□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

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Effective	date, if othe	r than the date	of filing:			_ (optional)	
(If an effect Note: If	ive date is listed, the date inserte	the date must be speed in this block do	ecific and cannot be prior ses not meet the applic	to date of filing o able statutory fi		ays after filing.) Pursuant to 605, nts, this date will not be liste	
documen	t's effective da	te on the Departn	nent of State's records				
the record stord is filed		yed effective date.	, but not an effective t	ime, at 12:01 a.i	n. on the earlie	er of: (b) The 90th day after	the
Dated	3/6/2	m74					
	— <del>V- </del>		101/00/	<u>Z</u> arl			
		Signal	ture of a member or auth	orized representat	بر ive of a member	,	

Filing Fee: \$25.00