

ME000005150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
15 AUG 28 PM 3:40
CLERK OF SUPERIOR COURT
JANUARY 10, 2015

AUG 31 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BoLev, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Allen

Name of Person

BoLev, LLC

Firm/Company

1239 Commons Ct

Address

Clermont, FL 34711

City/State and Zip Code

dallen@amazuluinc.com

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

For further information concerning this matter, please call:

Diane Allen

Name of Person

at (352) 243-5309, ex 104

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
15 AUG 28 PM 3:19
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

August 27, 2015

BoLev, LLC
M15000005150

Memorandum

We realize that the certificate of Good Standing is a couple of days past the 90 day limit.

If this does not meet the State's requirements, please inform us so that we can get a new certificate cut.

Regards,



Diane Allen

Company Contact

352-243-5309, ext 104

dallen@amazuluinc.com

FILED
15 AUG 28 PM 3:45
CLERK OF COURT
JANET B. BROWN

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

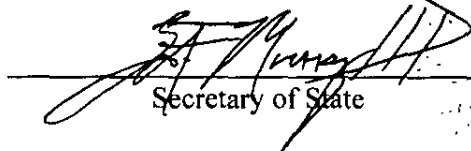
BoLev LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 29, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000687752**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of June, 2015 at 10:25 AM. This certificate is assigned 017904935.




Secretary of State

FILED
AUG 26 PM 3:45
15

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: BoLev, LLC

2. The Florida document number of this limited liability company is: M15000005150

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 6/30/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: n/a
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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: n/a

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City 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.

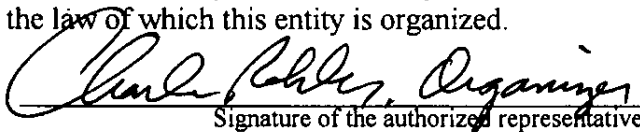
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<small>Managing Member</small>	<u>WAE Trust</u>	<u>1239 Commons Ct, Clermont, FL 34711</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<small>Member</small>	<u>Rodney Evans</u>	<u>1239 Commons Ct, Clermont, FL 34711</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Charles Rehler

Typed or printed name of signee

Filing Fee: \$25.00

FILED
AUG 28 PM 3:45
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT