

N 21000005086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

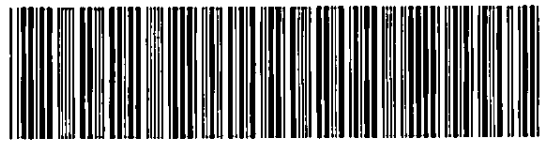
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300371425093

09/03/21--01026--002 **25.00

RECEIVED

FILED

2021 SEP -3 PM 12:58

2021 SEP -3 AM 8:27



CLERK OF STATE
TALLAHASSEE, FL

Y COUN

SEP 6

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):
OB BOLD MIAMO, LLC

(Business Name)

Document #

____ Walk in

____ Pick up time ____

____ Mail out

____ Will wait

____ Photocopy

____ **Certified Copy of ARTICLES OF ORGANIZATION**

____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
____ Limited Liability
____ Domestication
____ Other
____ **CORP**

AMMENDMENTS

 X Amendment
____ Resignation of R.A. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Merger
____ **Conversion**

OTHER FILINGS

____ Annual Report
____ Fictitious Name

____ APOSTIL () _____ Other
 Country

REGISTRATION/QUALIFICATIONS

____ Foreign filing
____ Limited Partnership
____ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OD BOLD MIAMI, 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:

Andrea Genden, Esq.

Name of Person

The Elias Law Firm, PLLC

Firm/Company

15500 New Barn Road, Suite 104

Address

Miami Lakes, Florida 33014

City/State and Zip Code

peter@odonnellgroup.com

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

For further information concerning this matter, please call:

Andrea Genden

at (305) 403-0052

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

**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: OD BOLD MIAMI, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M21000005086

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/28/2021

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

5. New name of the limited liability company: _____
(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 officer 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: _____

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.

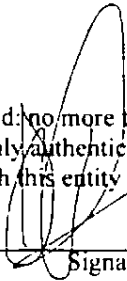
If Changing Registered Agent, Signature of New Registered Agent

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

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>
MGR	THE O'DONNELL GROUP, INC	567 SAN NICOLAS DRIVE, SUITE 450	<input type="checkbox"/> Add
		NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> Remove
MGR	OD BOLD A-1, LLC	567 SAN NICOLAS DRIVE, SUITE 450	<input checked="" type="checkbox"/> Add
		NEWPORT BEACH, CA 92660	<input type="checkbox"/> Remove
AP	O'DONNELL, DOUGLAS	567 SAN NICOLAS DRIVE, SUITE 450	<input checked="" type="checkbox"/> Add
		NEWPORT BEACH, CA 92660	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Douglas D. O'Donnell

Typed or printed name of signee

Filing Fee: \$25.00