L11000135605

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Business Entity Name)		
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(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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12 OCT -9 AM 10: 28

SECRETARY OF STATE
DIVISION OF CORPORATION

OCT 1 0 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 101 BYECS Court 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:
Jennifer Mills Name of Person
Belmont ASSOCIATES Firm/Company
3450 Northlake Blvd. #210
PAIN BEACH GARdens, FL 33403 City/State and Zip Code
Jennifer mobelmont a Sociales. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sennifer MillS at (561) 622-8886 Ext. 103 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

103	DIVISION OF CORRECTED DOUS
	12 OCT -9 AM 10: 28
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	y appears on our records.)
·	
The Articles of Organization for this Limited Liability Company were filed	on
Florida document number L11000135605	'
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
101 Byers Court, LLC	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	y Company," the designation "LLC" or the abbreviation
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 here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 608, 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.

City

Zip Code

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> Address **Type of Action** Name 1 $\prod Add$ Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10/04/2012 Signature of a member or authorized representative of a member MAthieu Rosinsky
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00