## 1650000 111733

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	22.
	MAR 11 20	

Office Use Only

100382670261

03/10/22--01008--025 \*\*160.00

2022 MAR 10 AH 9: 52

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7. 2

	BOYLES INVE	STMENTS LLC		1221 1221
(Name of the Limit	ed Liability Compa (A Florida Limited)	nny as it now appears on Liability Company)	our reco <u>rds.</u> )	AR 10
The Articles of Organization for this Limited Li	ability Company	were filed on <u>Octob</u>	per 28, 2021	and assigned ]
Florida document numberL05000014723	·			
This amendment is submitted to amend the following	owing:			5 5 55 12 10 10 10 10 10 10 10 10 10 10 10 10 10
A. If amending name, enter the new name of	the limited liah	oility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		617 Connel <u>l Dr</u>	ive	
(Principal office address MUST BE A STREET ADDRESS		Pensacola, Flo	orida 32503	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or r agent and/or the new registered office address	•	address on our recor	ds, enter the na	me of the new registere
Name of New Registered Agent:	Jenni <u>fer A</u>	nn Boyles	<del></del>	
New Registered Office Address:	617 Connel	1 Drive  Enter Florida s	treet address	
	Pensacola		, Florida _	32503
	-	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.

M Chapping 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>	Name	Address	Type of Action
MGRM	Peggy Boyles	2222 Dove Hollow Drive	DAdd
		Spring Hill, FL 34606	<b>XX</b> Remove
			□ Change
MGRM	Jennifer Ann Boyles	617 Connell Drive	XXAdd
·*	Pensacola, FL 32503	□ Remove	
			☐ Change
MGRM	MGRM Todd S. Boyles	3043 Skaggs Street	<b>X</b> ≯Add
	Gulf Breeze, FL 32563	□Remove	
			☐Change
			Remove
			☐ Change
			□Add
			Remove
			□Change
<del></del>		<del></del>	□Add
		□Remove	
			□Change

n amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
<del></del>	
_	
_	
_	
_	
***	
_	
_	
(If an effe Note:	ve date, if other than the date of filing: December 15, 2021 (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ord is file	
Dated_	X FE3. 9 2022
•	Signature of a member or authorized representative of a member
	, organization of the state of

Typed or printed name of signee