L0500016117

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	AV.
Hmoud	Office Use Onl	



600082694116

12/21/06--01031--007 **30.00

07 JAN 12 AM 7: 48

SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2007

BRIAN PALDIN 267 TORPOINT GATE LONGWOOD, FL 32779

SUBJECT: BRI SERVICES, LLC Ref. Number: L05000016117

We have received your document for BRI SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6851.

Letter Number: 706A00072378

Gina McLeod Document Specialist

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SERVICES (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:				
BRIAN PALDIN (Name of Person)				
BAY HILL SCREEN REPAIRS				
267 TORPOINT GATE (Address) LONGWOD, FL 32779				
Longwod: FL 32779 (City/State and Zip Code)				
For further information concerning this matter, please call:				
BRIAN PALOIN at (407) 738 0727 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

_	BRI SERVICES (Present Name)		
	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 12/18/06 and assigned document number	·	
SECOND:	This amendment is submitted to amend the following:		
	CHANGING MY NAME FROM		
	BRI SERVICES TO BAY HILL		
	SCREEN REPAIRS. ALSO UPDAGE		
	ADDRESS TO: 267 TORPOINT GATE		
	LONGONWO, FL		
	32779	_	DIV.
	,	ال 77	SECF VISIO
		JAN 1	NETX-
		—2 — 群	S C C C C C C C C C C C C C C C C C C C
		工 一	F ST
Dated	DECEMBER 18, 2006.	7: 48	ATION:
	Signature of a member or authorized representative of a member		
	BRIAN PALOIN Typed or printed name of signee		

Filing Fee: \$25.00