

LD5000100882

(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

G. MCLEOD

JUN 18 2008

EXAMINER



700131062277

06/17/08--01009--005 ++25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUN 17 AM 11:14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BORY, KENOSIAN, and SHARPLES 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:

FRANCINE SHARPLES

(Name of Person)

BORY, KENOSIAN and SHARPLES LLC

(Firm/Company)

6251 SE HAMES RD.

(Address)

BELLVIEW, FL 34420

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCINE SHARPLES

(Name of Person)

at 352 504-1524

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & 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 CORPORATION  
08 JUN 17 AM 11:14

BORY, KENJOSIAN and SHARPLES CLEANING SERVICES  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) LLC

The Articles of Organization for this Limited Liability Company were filed on 04/11/07 and assigned  
Florida document number L05000100882

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FRANCINE SHARPLES  
6251 SE HAMES RD  
BELLEVIEW, FL 34420

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FRANCINE SHARPLES  
6251 SE HAMES RD  
BELLEVIEW, FL 34420

B. 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:

New Registered Office Address:

FRANCINE SHARPLES  
6251 SE HAMES RD  
(Enter Florida street address)  
BELLEVIEW, Florida 34420  
(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 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.

Francine Sharple  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christine Bory	12391 SE 88th Ct Bellevue FL 33420	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6/16/08

Francine Sharples

Signature of a member or authorized representative of a member

FRANCINE SHARPLES

Typed or printed name of signee