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SECRETARY OF STATE

M. THOMAS

JAN 15 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp		·		
SUBJECT:	Name of Limite	bldings, LLC ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspor	ndence concerning this matter t	o the following:		
	Debra	Meyer		
	Double	Name of Person  Boyle Holdings, Firm/Company	LIC	
	155 COUL	My Club DV.		
	Tegues	tal FL 33469 City/State and Zip Code		
	E-mail address: (to	MCYCKO DUISOLO DO TOTAL DE LA CONTROL DE LA	Hh.net IALLAHASSI	ar <del>yoni</del> ki .
For further information co	oncerning this matter, please ca	di:	PH A	-
DLW Name of	Meyer Person	at 5(11) 707 593	25 Ho =	
Enclosed is a check for th	e following amount:		1: 19	
\$25.00 Filing Fee	\$30.00 Filing Fee & 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

· Double Boaie Ho	oldinas, uc
(Name of the Limited Liability C (A Florida Lin	company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	inpany were filed on $8/31/2007$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	70 =
(Mailing address MAY BE A POST OFFICE BOX)	9
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	Ubra Meyer
New Registered Office Address:	55 Country Club Dr.
	Enter Florida street address
	UNUSTA Florida 33469
New Registered Agent's Signature, if changing Registered A	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registered agei	d agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and nt as provided for in Chapter 608, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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 Title Type of Action Address Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove Remove 5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00