

LOG000002093

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(Document Number)

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2008 JUN 23 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beyond Your Expectations 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:

Christine Bory  
(Name of Person)

Beyond Your Expectations LLC  
(Firm/Company)

12391 SE 88<sup>th</sup> Ct  
(Address)

Belleview FL 34420  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Bory at (352) 438-4273  
(Name of Person) (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

2008 JUN 23 PM 1:27

BEYOND YOUR EXPECTATIONS LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/7/2008 and assigned  
Florida document number L08000002093.

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)

12391 SE 88<sup>th</sup> CT  
Belleview FL 34420

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12391 SE 88<sup>th</sup> CT  
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:

Christine Bory

New Registered Office Address:

12391 SE 88<sup>th</sup> CT

(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.

Christine Bory  
(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	Timothy E. Ellis	5642 Pecan RD Ocala FL 34472	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Debbie L Lapierre	114 Pecan Drive Ocala FL 34472	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christine Bory	12391 SE 88th Ct Belleview FL 34420	<input checked="" 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 \_\_\_\_\_

Debbie Lapierre

Signature of a member or authorized representative of a member

Debbie Lapierre

Typed or printed name of signee

2008 JUN 23 PM 1:27  
SECRETARY OF STATE  
ALABAMA DEPT. OF REVENUE

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