

LD8000010602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

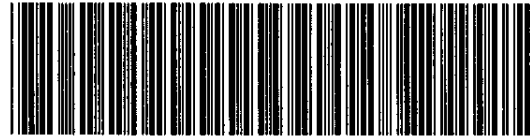
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 23 2014

CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BORU'S & COMPANY 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:

LUCIE BEASLEY

Name of Person

ACCOUNTING SOLUTIONS

Firm/Company

PO BOX 1904

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

asteamsolutions@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCIE BEASLEY

Name of Person

at **850 687-5052**

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

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BORU'S & COMPANY LLC
2298 W COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459

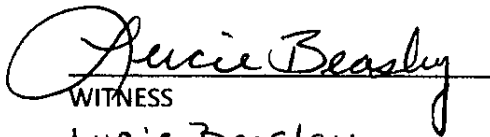
JANUARY 14, 2014

I JAC HUGH MCTIGHE AS A MANAGING MEMBER OF BORU'S & COMPANY LLC, AM FULLY AWARE OF THAT BORU'S INC. IS LISTED AS A CORPORATION WITH THE FLORIDA DIVISION OF CORPORATIONS. I AM REQUESTING THAT MY COMPANY NAME BE CHANGED FROM BORU'S & COMPANY LLC BACK TO ITS ORIGINAL NAME BORU'S LLC.

THANK YOU SINCERELY


JACK HUGH MCTIGHE

1/14/2014
DATE


WITNESS
Lucie Beasley

1/14/2014
DATE

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CLERK OF THE
STATE
TALLAHASSEE FLORIDA

BORU'S & COMPANY LLC

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 14, 2014

Jac Hugh Mctighe
Signature of a member or authorized representative of a member

JAC HUGH MCTIGHE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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