## L0800061292

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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S. YOUNG

## **COVER LETTER**

Division of Co				,
Loanz Boy	yz LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	C. Michael LaRoe			
		Name of Person	<u> </u>	
	Loanz Boyz LLC			
		Firm/Company		
	2702 Robert D Road			7.S
		Address		5 FIRE
	Mount Dora, FL 32757			是是
		City/State and Zip Code		19 SEE
	mgravity@aol.com	to be used for future annual report	Amatification)	
For further information	concerning this matter, please c	·	i notification)	SECRETARY PILIZE OT 16 JUN 28 PILIZE OT
C Michael LaRoe		352 250-767	78	
Name	of Person		aytime Telephone Number	<u> </u>
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 Certificate of Certified Co (additional cop	of Status &
MAII	LING ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it n a Limited Liability (	ow appears on our records.) Company)	
he Articles of Organization for this Limited Liability (lorida document number L08000061292	Company were fil	led on June 23 2008	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	nited liability cor	mpany here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Comp	pany," the designation "LLC" or	the abbreviation. "L.L.C."
nter new principal offices address, if applicable:	2702	Robert D Road	
Principal office address MUST BE A STREET ADD	RESS) Moun	t Dora, FL 32757	123 ESTE
		•	P112: 0
inter new mailing address, if applicable:	2702	Robert D Road	2. A
Mailing address MAY BE A POST OFFICE BOX)	Moun	t Dora, FL 32757	
If amending the registered agent and/or registered agent and/or the new registered office ade		dress on our records, <u>e</u>	enter the name of the n
2702	Dahart D David	<u></u>	
New Registered Office Address: 2702	Robert D Road	Enter Florida street address	
Mou	ıt Dora	, Florie	da 32757
	Citv		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Loanz Roya LLC

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	C. Michael LaRoe	2702 Robert D Road	<b>≅</b> Add
		Mount Dora FL 32757	Remove
			☐ Change
<del></del>			
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			Ghange Change Change
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ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the I	st be specific and cannot be prior to date ock does not meet the applicable s	(optional) e of filing or more than 90 days after filing. statutory filing requirements, this date	) Pursuant to 605.02 will not be listed
e record specifies a delaye The 90th day after the rec		effective time, at 12:01 a.m.	on the earlier
ated July 12	, 2016		
	1/1/1/10	_	
		representative of a member	

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Filing Fee: \$25.00