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DEC - 8 2011

**EXAMINER** 



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12/07/11--01010--015 \*\*25.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BOYS - Piney 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:	
MONA W. BUNARD Name of Person	
1808 N. Orango AUE Firm/Company	<del></del>
Orlando FC Address	
City/State and Zip Code	32804
City/State and Zip Code  Won CA B 555 7 9 9 Mci 1 C  E-mail address: (to be used for futbral annual report	Tonification)
For further information concerning this matter, please call:	
Mona Bulland at (407) 733  Name of Person Area Code & I	3 - 5557 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filin	S60.00 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

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>LO9 DOOO 237</u> .90	were filed on <u>8//.</u>	3 /2009	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company,"	the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:	1808	North C	Vaugo	AVE
(Principal office address MUST BE A STREET ADDRESS)		lo FL	•	
Enter new mailing address, if applicable:	1808	N. Ora	ngo A	VE
(Mailing address MAY BE A POST OFFICE BOX)	orlando	FL 3	2804	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our i	records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:	-3			* 1/2 h.g.
New Registered Office Address:	Enter F	lorida street add	rece 7	THE TOWNS.
		, Florida	EE CF	
	City		ZKCom	
New Registered Agent's Signature, if changing Registered Agent:			A	

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.

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 **Type of Action** Title <u>Name</u> **Address** Mona Bullard

James Riney MGR Remove ☐ Add Remove  $\prod Add$ Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/01 Dated Signature of a member or authorized representative of a member ANOM W. BULLARD Typed or printed name of signee

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Filing Fee: \$25.00