

L10000017632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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10 SEP -7 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



www.ebxcodehouse.com

EBX CODEHOUSE, LLC
10329 Loubet Street
Orlando, FL 32817
407.219.8253

Edward Boyle
edward.boyle@ebxcodehouse.com

August 30, 2010

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

To Whom It May Concern:

Pursuant to instructions, a check in the amount of \$25.00 payable to the Department of State is enclose.
Contact information can be found as part of the letterhead.

With Regards,

A handwritten signature in black ink, appearing to read "Edward Boyle". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward Boyle
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EBX CODEHOUSE, 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:

EDWARD BOYLE

Name of Person

EBX CODEHOUSE, LLC

Firm/Company

10329 Loubet Street

Address

Orlando, FL 32817

City/State and Zip Code

edward.boyle@ebxcodehouse.com

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

For further information concerning this matter, please call:

Edward Boyle

Name of Person

at (**407**) **219-8253**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
10 SEP -7 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EBX CODEHOUSE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/16/2010 and assigned
Florida document number L10000017632.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EBX CODEHOUSE, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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.

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	Micki Russo	648 North Pine Isle Drive Orlando, FL 32833	<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
			<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.)*

FILED
10 SEP - 7 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated August 30, 2010



Signature of a member or authorized representative of a member

EDWARD BOYLE

Typed or printed name of signee