## L10000069083

(Re	questor's Name)	
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(Δd)	dress)	
(riu	u1033)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	- Falland	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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FILED
10 JUL 27 PM 1: 19
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUL 28 2010

**EXAMINER** 

## **COVER LETTER**

TO:

TO: ,	Registration S Division of Co				
SUBJE	CT:	REBOOT E	NTERPRISES LLC		
		Name of Lim	ited Liability Company		
			. •		
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Nigel J Henry		
			Name of Person		
		REBO	OOT ENTERPRISES LLC	<u> </u>	
			Firm/Company		
		1642 SW 159 AVE			
			Address		50 =
		Per	mbroke Pines, FL 33027		SECR SECR
	City/State and Zip Code			最 2	
		E-mail address: (	oldschl@gmail.com to be used for future annual report no	otification)	SEE P
For fur	ther information	concerning this matter, please	call:		10 JUL 27 PM 1: 19 SECRETARY OF STATE FALLAHASSEE, FLORID
	N	ligel J Henry	at (_954_)	696-6302	RIDA
	Name	of Person	Area Code & Day	time Telephone Numbe	r
Enclose	ed is a check for t	the following amount:			
<b>₹</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REBOOT ENTE	RPRISES LLC					
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our	records.)				
(A Florida Elimited E	natinity Company)					
The Articles of Organization for this Limited Liability Company	were filed onJune	29, 2010 Frand perigned				
Florida document numberL10000069083	Florida document number L10000069083					
		75 7 M				
		8 2 P				
This amendment is submitted to amend the following:		S. F. S.				
A. If amending name, enter the new name of the limited liab	ility company here:	64				
74. If amending name, enter the new name of the named name	may company nore.	PATE W				
		77				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	1642 SW 159 Ave					
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, Fl	_ 33027				
		· · · · · · · · · · · · · · · · · · ·				
	4040 0114 450 4					
Enter new mailing address, if applicable: 1642 SW 159 Ave						
(Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines,		_ 33027				
B. If amending the registered agent and/or registered of	fice address on our reco	ords, enter the name of the new				
registered agent and/or the new registered office address here		<u> </u>				
	_					
A)						
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
<del></del>	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 = Mar MGRM = M	nager Ianaging Member		
Title.	<u>Name</u>	Address	Type of Action
MGRM	Terrence W Liner	10228 SW 20th Street Miramar, FL 33025	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessor	ary.)
			FIL 10 JUL 27 SECRETAR) FALLIAHASSE
Dated 50	1/20-1		PH 1: 19 Y OF STATE EE. FLORIDA
		ember of authorized representative of a member  Nigel J Henry  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00