

L10000077615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291030401

10/17/16--01028--026 **25.00

FILED
2016 OCT 17 P 4 21
TALLAHASSEE, FL 32309

FILED

D. BRUCE
OCT 18 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EJECT 2, 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:

WILLIAM GLENN ROY, III

Name of Person

Firm/Company

1070 MONTGOMERY ROAD #103

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

BILLYROY22@GMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM ROY

III

407
at ()

489-5308

Name of Person

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

2016 OCT 17 P 4:21
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EJECT 2, 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 07/23/2010 and assigned
Florida document number L10000077615.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

1070 MONTGOMERY ROAD #103

ALTAMONTE SPRINGS, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1070 MONTGOMERY ROAD #103

ALTAMONTE SPRINGS, FL 32714

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:

WILLIAM GLENN ROY, III

New Registered Office Address:

1070 MONTGOMERY ROAD #103

Enter Florida street address

ALTAMONTE SPRINGS

City

Florida 32714

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 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>	<u>Type of Action</u>
MGRM	WILLIAM GLENN ROY, JR.	411 WEST CENTRAL PARKWAY	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 3271	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WILLIAM GLENN ROY, III	1070 MONTGOMERY ROAD #1C	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 3271	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT 17 4 23 PM '17
TALLAHASSEE, FL

2016 OCT 17 PM 4:21
FBI WASHINGTON
FALL ASSESSMENT

FILED
2016 OCT 17 PM 2:11
FBI - NEW YORK

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 13 2016

Signature of a member or authorized

Signature of a member or authorized representative of a member

WILLIAM GLENN ROY, III

Typed or printed name of signee