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Registration Section

TO:

Division of Cor	porations					
Rielly Bros	LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Thomas D. Rielly, Esq.					
		Name of Person				
	Thomas D. Rielly, P.A.					
		Firm/Company				
	200 Butler Street, Ste. 207					
		Address				
	West Palm Beach, FL 334	07				
		City/State and Zip Code				
	tr@riellylaw.com E-mail address: (to be used for future annual report notifica	ution)			
For further information c	oncerning this matter, please ca	all:				
Thomas D. Rielly		561 659-8808				
Name of Person		at () Area Code Daytime T	elephone Number			
Enclosed is a check for the	ne 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		Street Address: Registration Secti	on			
Division of Corporations		Division of Corpo The Centre of Tal				
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2320 27 MD: 53

Rielly Bros 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 v Florida document number $\frac{1.11000037181}{1.11000037181}$.	vere filed on Marc	h 28, 2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	:		
The new name must be distinguishable and contain the words "Limited Liabilii	y Company." the desi	enation "LLC" or the ab	breviation "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 adapted and/or the new registered office address here: Name of New Registered Agent:	ldress on our reco	ords, <u>enter the nam</u>	e of the new registered	
New Registered Office Address:	Enter Florida	ı street address		
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and Lam j apter 605, F.S. Or,	familiar with and if this document is	
If Chan,	ging Registered Agen	t, Signature of New Re	gistered 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>	Address	Type of Action
AMBR	William T. Rielly, Jr.	273 Golfview Dr., Tequesta, Fl. 33469	■Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			🗆 Remove
		.	□Change
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Note: If the date in	other than the date isted, the date must be s isserted in this block of we date on the Depart	ioes not m	neet the appl	licable statut	iling or more th ory filing req	(optic an 90 days after uirements, this	onal) filing.) Pursuant t date will not be	o 605.0207 e listed as
record specifies a I is filed.	delayed effective dat	e, but not	an effective	time, at 12:	01 a.m. on th	e earlier of: (b) The 90th day	after the
	Januar	y 20	2020					
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ated			_					
Dated	· · · · · · · · · · · · · · · · · · ·				· :	,	·	
Dated	Sign	ature of gar	nember frad	thorized repre	esentative of a	nember		

Filing Fee: \$25.00