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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: BRYAN D BLAIS 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:		
Diane Blais Name of Person	-	
Bryan D Blais LLC Firm/Company	2011 A	*****
4055 11th Place SW	BII AUG 19 PH 2 16 SECKETARY OF STATE ALLAHASSEE, FLORID	T T T
Vero Beach FL 32968 City/State and Zip Code dsblais@comcast.net	PH 2 1	
dsblais@comcast.net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Diane Blais, MGR at 772, 778-4336 Name of Person Area Code & Daytime Telephone Number	r	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filed Copy Certificate of Status (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional	te of Status &)
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

DRYAN DI	DLAIS LLC	
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears or lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number LIIOOOO	illity Company were filed on	15 2011 and assigned
This amendment is submitted to amend the follow	ing:	AUG I
A. If amending name, enter the new name of the	ne limited liability company here:	SEE. F.
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "EDC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	4DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2.X)	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
	Line 1	
-	City	, Florida Zip Code
	City	esp cone

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>	Address	Type of Acti	<u>ion</u>
M <u>G RM</u>	BRYAN D BLAIS	4055 11th Place SW Vero Beach, FL 32968	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	-	<u> </u>	Ze Add Age	<u> </u>
D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	RY OF STATE	TED
<u>-</u>				
Dated	AUGUST 17, 201			
	Signature of a member of DIANE 5 BLAIS Typed or	r authorized representative of a member printed name of signee		

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Filing Fee: \$25.00