L11000119814

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
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' (Bu	usiness Entity Nam	ne)
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ALCOHOLOGY

T. CLINE
JUN-4 2012
EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	BOYLAND A	UTO CENTER, LLC
		ited Liability Company
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.
Please return all corre	espondence concerning this matte	r to the following:
		Hayden P. Ridore
		Name of Person
	In	victus Law Group, P.L.
		Firm/Company
-		P.O. BOX 2209
		Address
		ORLANDO, FL 3 2802 - 2209
		City/State and Zip Code
	HRIDC E-mail address: (RE@INVICTUSLAW.COM (to be used for future annual report notification)
For further information	on concerning this matter, please	call:
	ayden P. Ridore	at (407) 478-0063
, Nan	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	ARE IN THE RESERVE TO
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section
Div	vision of Corporations	Division of Corporations
	D. Box 6327 lahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOYLAN (Name of the Limited Ligh	ID AUTO CENTER, LL	C an our records	•	_	
(A Flori	ility Company as it now appears da Limited Liability Company)	on our records.			
The Articles of Organization for this Limited Liability Florida document numberL11000119814	· · ·	10/19/2011	and	l assigne	ed .
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "I	LC" or	the abbre	eviation
Enter new principal offices address, if applicable:			SE		
(Principal office address MUST BE A STREET AL			经	Spai.	
			S	1	Service .
Enter new mailing address, if applicable:			Y OF S	7	m
(Mailing address MAY BE A POST OFFICE BOX			25	ري ري	
			3>	9 7	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, <u>enter t</u>	he nam	ie of th	ie new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	r Florida street add	ress		
		, Florida			
_	City		Zip C	lode	
New Registered Agent's Signature, if changing Regist	ered 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 Action
MGRM	BROWN, MICHAEL L	- 4301 MILLENIA BLVD ORLANDO FL 32839 US	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sheets, if necess	TARY
			MILE 59
 Dated	May 29		
•	Signature	of a member or authorized representative of a member	
	5.g.mure	Hayden P. Ridore	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00