

L11000127387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

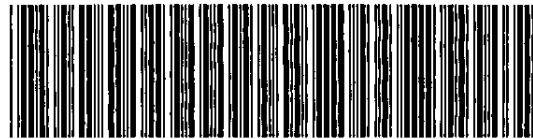
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100289984731

09/16/16--01012--002 **55.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 SEP 16 P 2:05

FILED

SEP 19 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBYS Holdings, 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:

Paul B. Boyd

Name of Person

OBYS Holdings, LLC

Firm/Company

c/o Fox, Wackeen, Dungey, et al., 3473 SE Willoughby Boulevard

Address

Stuart, Florida 34994

City/State and Zip Code

bryan@oceanblueyachtsales.com

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

For further information concerning this matter, please call:

J. Henry Cartwright, Esquire

772 287-4444
at ()

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 SEP 16 P 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Page 1 of 3

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>
MGR	PAUL B. BOYD	420 SW Federal Hwy	<input checked="" type="checkbox"/> Add
		Stuart, FL 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEPH A. YENI	841 SW Pine Tree Lane	<input type="checkbox"/> Add
		Palm City, FL 34990	<input checked="" 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
2018 SEP 18 PM 2:05
TALLAHASSEE, FLORIDA

2016 SEP 16 PM 2:00
TALLAHASSEE, FLORIDA

FILED
2016 SEP 16 PM 2:05
TALLAHASSEE, FLORIDA

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 SEPTEMBER 9, 2016

Signature of a member or authorized representative of a member

Paul B. Boyd

Typed or printed name of signee