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B. BOSTICK
SEP - 4 2012
EXAMINER

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Byblos F	amily Trust, LLC	
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Joseph JeBailey	_ <del></del>
		Name of Person	
	Bv	blos Development, Inc.	
		Firm/Company	
	7932 We	st Sand Lake Road, Suite 102	
		Address	
			<b>₹ 7</b>
Orlando, FL 32819  City/State and Zip Code			
		jj@byblosdev.com	ME 31 PHI
	E-mail address:	(to be used for future annual report notification)	
For further information	concerning this matter, please	call:	PILE 3  12 AUG 31 PH 12: 3  SECRETARY OF STATE ALLAHASSEE, FLORI
Jos	seph Jebailey	at (_407 ) 226-	8888 - 등록 5
	of Person	Area Code & Daytime Telep	
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)
MAII	LING ADDRESS:	STREET/COURIER A	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Byblos Family Trust, LL	C		
(Name of the	Limited Liability Company as it now app (A Florida Limited Liability Company)	pears on our records.)		
The Articles of Organization for this Lir	mited Liability Company were filed on _	August 24, 2012	and assign	ned
Florida document numberL120	000109233			
This amendment is submitted to amend	the following:			
A. If amending name, enter the new i	name of the limited liability company	here:		
The new name must be distinguishable and "L.L.C."	d end with the words "Limited Liability Co	mpany," the designation "LL	C" or the abl	oreviation
Enter new principal offices address, if	f applicable:	, ,	<u> </u>	
(Principal office address MUST BE A	STREET ADDRESS)			-17
			<u> ω</u>	
Enter new mailing address, if applica	ble:		14. LT	5
(Mailing address MAY BE A POST OF			E 3	
			<u> </u>	
B. If amending the registered ager registered agent and/or the new registered		on our records, enter th	e name of	the new
registered agent and/or the new register	tered office address here.			
Name of New Registered Age	<u>nt</u> :			
New Registered Office Addres	ss:			
		Enter Florida street addre	2SS	
	City	, Florida	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 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>	Name	Address	Type of Ac	<u>tion</u>
<u>MGRM</u>	The Raquel L Jebailey Irrey	7932 West Sand Lake Road, Suite 102 Orlando, FL 32819	_ ✓ Add _ ☐ Remove	
MGMR_	The Paul M. Jebailey Irrevo	7932 West Sand Lake Road, Suite 102 Orlando, FL 32819	✓ Add ☐ Remove	
<u>MGMR</u>	The Suzane J. Harb Irrevor	7932 West Sand Lake Road, Suite 102 Orlando, FL 32819	_☑ Add _☐ Remove	
MGMR	The Cecil J. Jebailey Irrevor	7932 West Sand Lake Road, Suite 102 Orlando, FL 32819	/ Add Remove	
<u>MGMR</u>	Joseph S. JeBailey	7932 West Sand Lake Road, Suite 102 Orlando, FL 32819	Add ∕Remove	
Please	See Attachment		Add Remove	
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)		
			12 AUG 31 PHI	
Dated	August 29 , 201		2: 35 STATE ORIBA	
_		r authorized representative of a member	<del></del>	
_		eph S. JeBailey	<del></del>	

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Filing Fee: \$25.00

## **Full Member Names:**

The Raquel L. Jebailey Irrevocable Trust of 1996

The Paul M. Jebailey Irrevocable Trust of 1996

The Suzane J. Harb Irrevocable Trust of 1996

The Cecil J. Jebailey Irrevocable Trust of 1996

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