

Division of Corporations

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((H140003018123)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H140003018123)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RHODES TUCKER PHOENIX CHARTERED
Account Number : 120100000059
Phone : (239) 461-0101
Fax Number : (239) 461-0083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

CTP@RhodesTucker.com

RECEIVED

14 DEC 31 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOLAND O'ROURKE GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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Corporate Filing Menu

Help

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(((H14000301812 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boland O'Rourke Group 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:

Charles PT Phoenix, Esq.

Name of Person

Rhodes Tucker Phoenix Chartered

Firm/Company

2407 Periwinkle Way, Suite 6

Address

Sanibel, Florida 33957

City/State and Zip Code

cptp@rhodestucker.com

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

For further information concerning this matter, please call:

Debbie Mille

at (239) 472-1144

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

(((H14000301812 3)))

FAX

To:
Fax Number: 8506176383

From: Reception
Fax Number:
Phone:

Company:

Date: December 31, 2014 Total Pages: 6
Subject: FW: Scanned image from Rhodes Tucker - Sanibel

Statement of Confidentiality: The information contained in this message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, any dissemination or duplication of this information is strictly prohibited. If you have received this fax in error, please notify us immediately. Please delete this message and all its attachments. Thank you.

Memo:

Please see the attached document.

Thank you,

Helene Phillips
Receptionist

-----Original Message-----

From: Scanner On Behalf Of scanner@
Sent: Wednesday, December 31, 2014 3:12 PM
To: Reception
Subject: Scanned image from Rhodes Tucker - Sanibel

Reply to: scanner@rhodestucker.com <scanner@rhodestucker.com> Device Name: Rhodes Tucker - Sanibel Device Model: MX-4111N
Location: Sanibel Island

File Format: PDF (Medium)
Resolution: 150dpi x 150dpi

Attached file is scanned image in PDF format.
Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.
Adobe(R)Reader(R) can be downloaded from the following URL:
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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

Boland O'Rourke Group 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 were filed on December 9, 2014 and assigned
 Florida document number L14000188263

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Sandlin Team PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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_____	_____	_____	<input type="checkbox"/> Remove
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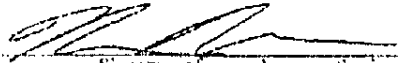
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The purpose of the company is all real estate broker listings, sales, leasing,
rental brokerage, property management and related activities, as well as all
other activities permitted under Chapter 621, Florida Statutes.

E. Effective date, if other than the date of filing: January 1, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 31, 2014



Signature of a member or authorized representative of a member

Michael S. Boland

Typed or printed name of signee

STATE OF FLORIDA
DEPARTMENT OF STATE
RECEIVED

2014 DEC 31 AM 9:22

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