## L14000 144164

| (F                     | Requestor's Name)       |             |
|------------------------|-------------------------|-------------|
| (/                     | Address)                |             |
| (A                     | Address)                | · · · · · · |
| (0                     | City/State/Zip/Phone #) |             |
| PICK-UP                | ☐ WAIT                  | MAIL        |
| (E                     | Business Entity Name)   |             |
| (E                     | Document Number)        |             |
| Certified Copies       | Certificates of         | Status      |
| Special Instructions t | o Filing Officer:       |             |
|                        |                         |             |
|                        |                         |             |
|                        |                         |             |
|                        |                         |             |

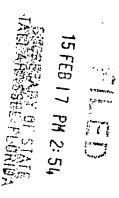




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J. Shavers FEB 2 3 2005



## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: 9955 W BYO advicw Or 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:   |
| TONY SELCTON Name of Person   |
| Firm/Company  |
| 10000 W Broadview DAVE  |
| Bay Harbor, Islands, FC 33154   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| TONY Stiden  at (917) 960-1469  Name of Person  Area Code  Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \text{\$\Bigcup \text{\$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 9955 W BYCKEN<br>(Name of the Limited Liability<br>(A Florida I  | Company as it now appears on our records.) Limited Liability Company) |   | -            |
|--|---|---|--------------|
| The Articles of Organization for this Limited Liability Co. Florida document number <u>L14000194164</u>    | empany were filed on $12 22 20$                                       | 1 and a   | assigned     |
| This amendment is submitted to amend the following:  |   |   |              |
| A. If amending name, enter the new name of the limit   | ed liability company here:  |   |              |
| The new name must be distinguishable and end with the words "Limi  | ited Liability Company," the designation "LLC" or the                 | he abbreviation   | "L.L.C."     |
| Enter new principal offices address, if applicable:  |   | ·   |              |
| (Principal office address MUST BE A STREET ADDRE   | <u></u>   |   |              |
| Enter new mailing address, if applicable:  |   |   |              |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |              |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre |   | er the nam  | e of the nev |
| Name of New Registered Agent:  |   |   | <u></u>      |
| New Registered Office Address:   | Enter Florida street address  |   | D ##         |
|  | , Florida   | # G Z   | S Ladar      |
|  | City , Florida  | Zip God   | g same       |
| New Registered Agent's Signature, if changing Registered   | Agent:  | 255<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>1 | ~ 30.95 **** |

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

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 = Aut   | horized Member |  |                            |
|--------------|----------------|--|----------------------------|
| <u>Title</u> | Name           | Address  | Type of Action             |
| <u>MGIZM</u> | Tony seiden    | 10000 W Broadview<br>Drive Buy Harbor is<br>EL 33154 | DAdd<br>51and S,<br>Remove |
|              |                |  | □ Add                      |
|              |                |  | □ Remove                   |
|              |                |  | □ Add                      |
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|              |                |  | OF 51/11                   |
|              |                |  | □ Remove<br><br>□ Add      |
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|   |   |                                    |                                       |                             |
|   |   |                                    |                                       |                             |
| he effective date mu                      | other than the date of filing<br>to be specific, cannot be prior to date<br>it is filed by the Florida Department | of receipt or filed date           | and cannot be more than               | (optional) 90 days after    |
| the effective date muthe date this docume | st be specific, cannot be prior to date   | of receipt or filed date           | and cannot be more than               | (optional)<br>90 days after |
| The effective date muthe date this docume | st be specific, cannot be prior to date   | of receipt or filed date           | and cannot be more than               | (optional)<br>90 days after |
| The effective date mu                     | at be specific, cannot be prior to date it is filed by the Florida Department R S                                 | of receipt or filed date of State) | and cannot be more than               | 90 days after               |

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Filing Fee: \$25.00

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