# 117000076043

(Requestor's Name)	
(Address)	
(Address)	00
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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#### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: BY	ian Boyle	- Enterprise	5,126
	Name of Lim	ited Liability Company	•
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Brian	Boyle- Name of Person	
	•	Name of Person	
	Brian E	Joyle Enter	prises, ELC
		Firm/Company	(2)
	200 Mait	fland Ave A	pt. 16
		Address	·
	Altamor	ite Springs	FL3270
		City/State and Zip Code  ATT, NET	
	E-mail address: (	to be used for future annual report notifica	ition)
For further information co	ncerning this matter, please ca	all:	
Bran Bo	yk	at (407, 314-	3704
Name of	Person	Arca Code Daytime T	elephone Number
Enclosed is a check for the	e 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

### ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Brian Boyle Enter (Name of the Ilimited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company w	<del></del>
Florida document number <u>U1700076</u> 043	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 maitland AVE Apt 16
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs ==
	FL 32701
Enter new mailing address, if applicable:	Same As Above
(Mailing address MAY BE A POST OFFICE BOX)	w
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MOR	Brian Kevin Boyle Jr.	zeo mational Ave	<b>Y</b> Add
		Apt. 16	□ Remove
		Altamonte Springs	Change
		FL 32701	
			Remove
		·	Change
	<del></del>		
		<del></del>	Remove ;
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			Change

-	Change of address	
	L'hange of address From, 1015 Mende Rd	
	Ganera, FL 32732	
	·	
	To: Zoo matland Ave	
	Apt. 16	
	Altamorite Springs, FL 3270	(
		——————————————————————————————————————
		: }
		0,
		w O
(If an effec Note: If	e date, if other than the date of filing:	ng.) Pursuant to 605,020
:he reco ) The 9	oth day after the record is filed.  9/13/2018  Boyle  Signature of a member or authorized representative of a member  Brian K. Boyle	1. on the earlier o
Dated _	B_ K. Boyle	
	Signature of a member or authorized representative of a member	<del></del>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00

## Certificate of Status

I certify from the records of this office that BRIAN BOYLE ENTERPRISES, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on April 04, 2017, effective April 04, 2017.

The document number of this company is L17000076043.

I further certify that said company has paid all fees due this office through December 3 2017, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.163 Florida Statutes, and authenticated by the code noted below.

Authentication Code: 170407085317-100297577611#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of April, 2017

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## Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of BRIAN BOYLE ENTERPRISES, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on April 04, 2017 effective April 04, 2017, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by	section 15.16.
Florida Statutes, and authenticated by the code noted below.	113

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The document number of this limited liability company is L17000076043.	~	٠, ١
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Authentication Code: 170407085317-100297577611#1	7.1	, <u>}</u>
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	(5)	

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of April, 2017

ronkide noA Secretary of State