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COVER LETTER

Div	ision of Cur	orations		
SUBJECT:	BOILEAU	FAMILY INVESTMENT GR	OUP LLC .	
ocounci.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		EAU FAMILY INVESTMENT GROUP LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: MARICIA NOEL Name of Person Firm/Company 5210 BROWARD ST Address NAPLES, FLORIDA 34113 City/State and Zip Code CJNOELINSURANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (239) Area Code Daytime Telephone Number for the following amount:		
			Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: MARICIA NOEL Name of Person Firm/Company 5210 BROWARD ST Address NAPLES, FLORIDA 34113 City/State and Zip Code CJNOELINSURANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: 239 Name of Person 1 239 Area Code Daytime Telephone Number check for the following amount:			
			Firm/Company	
		LEAU FAMILY INVESTMENT GROUP LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Dorrespondence concerning this matter to the following: MARICIA NOEL Name of Person Firm/Company 5210 BROWARD ST Address NAPLES, FLORIDA 34113 City/State and Zip Code CJNOELINSURANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: 1239 Area Code Daytime Telephone Number k for the following amount: Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
			INVESTMENT GROUP LLC Name of Limited Liability Company ent and fee(s) are submitted for filing. Incerning this matter to the following: ICIA NOEL Name of Person Firm/Company BROWARD ST Address LES, FLORIDA 34113 City/State and Zip Code ELINSURANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) this matter, please call: 239 Area Code Daytime Telephone Number and S60.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (additional copy is enclosed)	· ·
		NAPLES, FLORIDA 3411	13	
			City/State and Zip Code	
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		LEAU FAMILY INVESTMENT GROUP LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: MARICIA NOEL Name of Person Firm/Company 5210 BROWARD ST Address NAPLES, FLORIDA 34113 City/State and Zip Code CJNOELINSURANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (239		
For further in	nformation co	ncerning this matter, please ca	all:	
CJ NOEL				
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: MARICIA NOEL Name of Person Firm/Company 5210 BROWARD ST Address NAPLES, FLORIDA 34113 City/State and Zip Code CJNOELINSURANCE@GMAIL.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Name of Person at (239) Name of Person Area Code Daytime Telephone Number s a check for the following amount: Difiling Fee Certificate of Status Certificate Copy Certificate of Status & Certificat Copy Certificate of Status & Certificate Copy Certificate of Status & Certificate Copy Certificate of Status & Certificate Copy Area Code S60.00 Filing Fee, Certificate of Status			
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

TO:

Registration Section

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

BOILEAU FAMILY INVESTMENT		
(Name of the Limited) (A	iability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab	lity Company were filed on 04/18/2017	and assigned
Florida document number L17000086376		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
		Alexander and the second
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
		ا بي ۱۱
		5.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<u> </u>	
		`
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
TOURIST OF MECHANISM OF THE HEAT POPULATION OF THE	- WWW. 600 - 114. 5	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	
	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

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>	Type of Action
MGR	MARICIA BOILEAU NOEL	5210 BROWARD ST	■ Add
		NAPLES FLORIDA 34113	☐ Remove
			Change
MGR	MARCIA NOEL	5210 BROWARD ST	
		NAPLES FLORIDA 34113	■ Remove
			□ Change
			Add
			Remove
			☐ Change
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ective	date, if other than the date of filing: (optional)	
te: If	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.	uant to 605.020 not be listed as
umen	's effective date on the Department of State's records.	
reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	he earlier o
	Oth day after the record is filed.	ne carner o
	AV 17TH	
ted	AY 16TH 2017.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00