

# L06000012453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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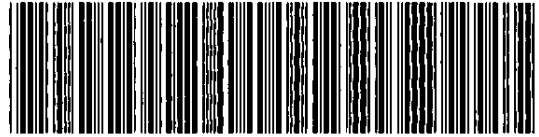
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

FEB 17 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CO&C Services 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:

Michael Covington

(Name of Person)

CO&C Services LLC

(Firm/Company)

P.O. Box 1500

(Address)

Eagle Lake, FL 33839

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Covington

(Name of Person)

at ( 863 ) 877-0595

(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

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TALLAHASSEE, FLORIDA

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

CO&C Services 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 February 03, 2006 and assigned  
Florida document number L06000012453.

This amendment is submitted to amend the following:

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

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

**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 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> | <u>Name</u>        | <u>Address</u>                            | <u>Type of Action</u>                                                      |
|--------------|--------------------|-------------------------------------------|----------------------------------------------------------------------------|
| MGR          | Antonio S Owen     | 2180 Palm Ave.<br>Indialantic, FL 32903   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Robert O Covington | 16 Aqualane Dr.<br>Winter Haven, FL 33880 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                    |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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TREASURER  
CLERK

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

Robert O Covington: status is changed to MEMBER

Dated February 10, 2009

Signature of a member or authorized representative of a member

Michael Covington

Typed or printed name of signee