

LZ1000487650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

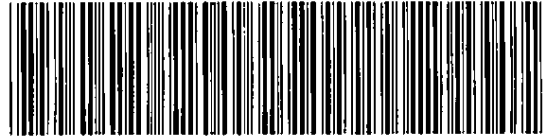
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

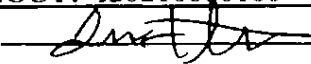


800375977988

RECEIVED
2021 NOV 16 AM 9:40
2021 NOV 16 PM 3:39
ALLIANCE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ 25.00

AUTHORIZED SIGNATURE: 

COYAH888 L21000487650

Business Name _____ Document Number, (if KNOWN) _____

Certified copy of Articles of Incorporation
 Certificate of Status
 Pick up time _____
 Will wait

NEW FILINGS

Profit
 Not for Profit
 Limited Liability

 Domestication
 Other
 CORP

AMMENDMENTS

Amendment
 Resignation of R.A.
Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Correction

OTHER FILINGS

Annual Report
 Fictitious Name
 APOSTIL () _____ Country
 Other

REGISTRATION/QUALIFICATIONS

Foreign filing
 Limited Partnership
 Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COYAH888 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:

P. Christopher Wegner

Name of Person

Wegner Law PLLC

Firm/Company

875 109th Ave N, Suite 302

Address

Naples, FL 34108

City/State and Zip Code

cwegner@wegnerlawfirm.com

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

For further information concerning this matter, please call:

P. Christopher Wegner

Name of Person

239 571-2721
at (_____) _____
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

COYAH888 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 November 15, 2021 and assigned Florida document number L21000487650.

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 contain 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)

2021 NOV 16 AM 9:10
SECRET

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

Recommending 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>	<u>Type of Action</u>
MGR	Julie Michele Freitas	8951 Bonita Beach Rd. SE	<input checked="" type="checkbox"/> Add
		#245	<input type="checkbox"/> Remove
		Bonita Springs, FL 34135	<input type="checkbox"/> Change
MGR	Michele Freitas	8951 Bonita Beach Rd. SE	<input type="checkbox"/> Add
		#245	<input checked="" type="checkbox"/> Remove
		Bonita Springs, FL 34135	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
 2022 NOV 18
 AM 9:40

