

MOS000003136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

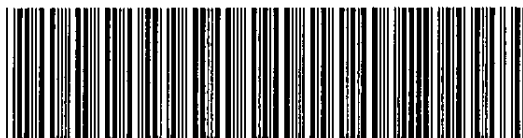
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280646446

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
16 JAN -7 AM 10:34
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

JAN 08 2016
S. YOUNG

FILED
16 JAN -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 1/7/16

NAME: BLACK DIAMOND ALLIGATOR TANNERY LLC

TYPE OF FILING: APPLICATION

COST: 25.00

RETURN: PLAIN COPY PLEASE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hoch

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Diamond Alligator Tannery LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Pomeroy

Name of Person

Firm/Company

6105 Spirit Lake Road

Address

Winter Haven, Florida 33880

City/State and Zip Code

apome26672@aol.com

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

For further information concerning this matter, please call:

Ashley Stockton

Name of Person

at (214) 969-4922

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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16 JAN -7 AM 10:30
SCOTT COUNTY STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Black Diamond Alligator Tannery LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M08000003136

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 2, 2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CSBD, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TOLSON, MISSOURI

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Amy B. Pomeroy
Signature of the authorized representative

Amy B. Pomeroy
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

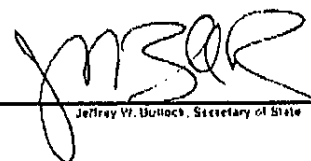
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BLACK DIAMOND
ALLIGATOR TANNERY LLC", FILED A RESTATED CERTIFICATE, CHANGING
ITS NAME TO "CSBD, LLC" ON THE TWENTY-FIRST DAY OF DECEMBER,
A.D. 2015, AT 11:23 O'CLOCK A.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4279536 8320
SR# 20160080237

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201627504
Date: 01-06-16