

103000048396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

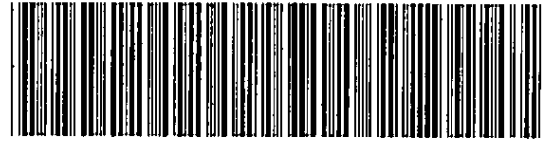
(Business Entity Name)

(Document Number)

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22 AUG 26 PM 12:12  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Charlie Craig and Associates, 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:

Gwendolyn Reinert

Name of Person

Charlie Craig and Associates, LLC

Firm/Company

6815 Millstone Dr

Address

New Port Richey, FL 34655

City/State and Zip Code

wendy.reinert@caawireless.com

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

22 AUG 26 PM 12:12

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Gwendolyn Reinert

727 457-5089  
at ( )

Name of Person

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 210  
Tallahassee, FL 32310

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

Charlie Craig and Associates, 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 12/01/2003 and assigned  
Florida document number L03000048396.

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)**

6815 Millstone Drive

New Port Richey, FL 34655

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1324 Seven Springs Rd., #314

New Port Richey, FL 34655

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DIVISION OF STATE  
CORPORATIONS

**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 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>            | <u>Type of Action</u>                      |
|--------------|---------------------|---------------------------|--|
| MGRM         | Charles Craig       | 18134 Longwater Run Dr.   | <input type="checkbox"/> Add               |
|              |                     | Tampa, FL 33647           | <input checked="" type="checkbox"/> Remove |
|              |                     |                           | <input type="checkbox"/> Change            |
| MGRM         | Gwendolyn Reinert   | 6815 Millstone Dr         | <input checked="" type="checkbox"/> Add    |
|              |                     | New Port Richey, FL 34655 | <input type="checkbox"/> Remove            |
|              |                     |                           | <input type="checkbox"/> Change            |
| MGR          | Larry D Bloodsworth | 1509 Pecan St             | <input type="checkbox"/> Add               |
|              |                     | Nokomis, FL 34275         | <input checked="" type="checkbox"/> Remove |
|              |                     |                           | <input type="checkbox"/> Change            |
| AMBR         | Florence Stephens   | 976 E Uplands Ave         | <input checked="" type="checkbox"/> Add    |
|              |                     | Venice, FL 34285          | <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            |

22 JUN 26 PM 12:12  
 DIVISION OF CONSERVATION  
 1111 N. 11TH ST  
 TAMPA, FL 33604

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Division of Criminal Justice

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

August 25 2022  
Dated \_\_\_\_\_,

Gundola Reinert  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Gwendolyn Reinert

Typed or printed name of signee