

104000019654

(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



400304082784

10/05/17--01024--023 **60.00

FILED
2017 OCT -5 P 2:09
TALLAHASSEE, FLORIDA

D. SCOTT
OCT 6 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COOLIDGE COMMERCIAL 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:

DEBRA DEACON COOLIDGE

Name of Person

COOLIDGE COMMERCIAL LLC

Firm/Company

1759 W. FLETCHER AVE

Address

TAMPA FLORIDA 33612

City/State and Zip Code

debdcoolidge@gmail.com

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

For further information concerning this matter, please call:

DEBRA DEACON COOLIDGE

Name of Person

727

at ()

Area Code

4923327

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

FILED

2011 OCT -5 P 2:09

FILED

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

COOLIDGE COMMERCIAL 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 03/15/2004 and assigned
Florida document number L04000019654.

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:

1759 W. FLETCHER AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FLORIDA 33612

Enter new mailing address, if applicable:

1759 W. FLETCHER AVE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FLORIDA 33612

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:

DEBRA DEACON COOLIDGE

New Registered Office Address:

1759 W. FLETCHER AVE

Enter Florida street address

Tampa

City

Florida

33612

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>	<u>Type of Action</u>
MGR	JAMES H. COOLIDGE, IV	7115 WAREHAM DRIVE EAST	<input type="checkbox"/> Add
		TAMPA FLORIDA 33647	<input checked="" type="checkbox"/> Remove
		1759 W. FLETCHER AVE	<input type="checkbox"/> Change
PAGE MGR	DEBRA DEACON COOLIDGE	TAMPA FLORIDA 33612	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017
JAN - 11
ALABAMA
ASSOCIATION
OF
COUNTY
COMMISSIONERS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated SEPTEMBER 28, 2017

Debra Deacon Coolidge

Signature of a member or authorized representative of a member

DEBRA DEACON COOLIDGE

Typed or printed name of signee

FILED
2017 OCT -5 PM 2:09
CLERK OF DISTRICT COURT