

L04600019654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

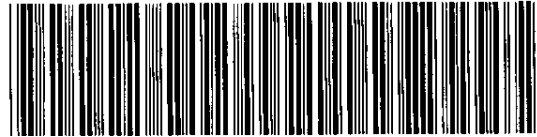
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/18--01016--008 **35.00

FILED
18 MAR -9 AM 9:00
TALLAHASSEE FL 32301

J. LEGGETT
MAR 13 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2018

DEBRA DEACON COOLIDGE
1759 WEST FLETCHER AVENUE
TAMPA, FL 33612 US

SUBJECT: COOLIDGE COMMERCIAL LLC
Ref. Number: L04000019654

We have received your document for COOLIDGE COMMERCIAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00004092

RECEIVED
2018 MAR -8 AM 11:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 WEST FLETCHER AVENUE

Address

TAMPA, FLORIDA 33612

City/State and Zip Code

debra@coolidgerealty.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

at (813)

Area Code

886-4433

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

**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 FEB 28, 2018 and assigned Florida document number LD4000019654.

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)

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

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>
<u>MGR</u>	<u>WILLIAM SIMPSON</u>	<u>1759 WEST FLETCHER AVE</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33612</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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18 MAR -9 AM 9:00
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-16-00 BY 60322
UCBAW

18 MAR -9 AM 9:00

Dated March 6, 2018

Debra Deacon Coolidge
Signature of a member or authorized representative of a member

DEBRA DEACON COOLIDGE
Typed or printed name of signee