## L05000117658

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
<del></del>
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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05/04/11--01038--014

RE Codeman MAY 1 8 2011



May 6, 2011

DEAN L KARNS 605 BELVEDERE RD #15 WEST PALM BEACH, FL 33405

SUBJECT: C & D LIMITED, LLC Ref. Number: L05000117658

We have received your document for C & D LIMITED, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return 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) 245-6067.

Letter Number: 211A00011241

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Co							
SUBJECT:	C & D	LIMITED, LLC					
		ited Liability Company	<del></del>				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	DEAN L KARNS						
Name of Person							
C & D LIMITED, LLC							
Firm/Company							
605 BELVEDERE RD #15							
		Address					
	WEST	WEST PALM BEACH, FL 33405					
		City/State and Zip Code					
	E-mail address: (	MAGLIN@AOL.COM to be used for future annual report notifica	tion)				
For further information	concerning this matter, please of		,				
DE	AN L KARNS	at ( 561 ) 80	05-7528				
Name of Person		Area Code & Daytime T					
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)				
MAN NIG (TRACE)		STRUCK COLUMN					

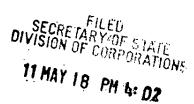
MAILING ADDRESS:

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



	C & D LIMI	TED, LLC			
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on	12/05/2005	and assigned	
Florida document number L05000117	658				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
C&DL	IMITED OF P	ALM BEACH, L	LC		
The new name must be distinguishable and end wit "L.L.C."	n the words "Lim	ited Liability Compa	ny," the designation '	LLC" or the abbreviation	
Enter new principal offices address, if applica	523 OGSTON STREET				
(Principal office address MUST BE A STREET ADDRESS)		SUITE A			
		WEST PALM	BEACH, FL 334	105	
Enter new mailing address, if applicable:	523 OGSTON	STREET			
(Mailing address MAY BE A POST OFFICE I	SUITE A				
	WEST PALM BEACH, FL 33405				
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:			our records, <u>enter</u>	the name of the new	
New Registered Office Address:	523 OGSTON STREET, STE A				
		Enter Florida street address			
WEST		PALM BEACH	, Florida	33405	
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> <u>Name</u> **Address** KARNS, DEAN L MGR ☐ Add 820 VIA VILLAGIO Remove HYPOLUXO, FL 33462 BALDWIN, CARL L JR MGR ∏ Add 11086 88TH RD N Remove WEST PALM BEACH, FL 33412 ☐ Add Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **DEAN L KARNS** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00