

W06000032012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

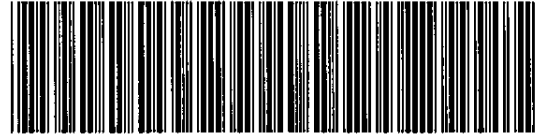
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100087116071

02/06/07--01014--005 **25.00

RECEIVED

07 FEB -6 AM 9:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 FEB -6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Coppedge Home Improvement
(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:

David B. Coppedge
(Name of Person)

(Firm/Company)

3186 Whitner Dr East
(Address)

TALL, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID Coppedge
(Name of Person)

at (850) 544-0321
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB - 6 AM 9:22

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DAVID Coppedge LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 3-27-06 and assigned
document number LO6 0000 32012

SECOND: This amendment is submitted to amend the following:

Change name to Coppedge Home Improvements LLC

3186 Whitney dr. East
TAU, FL 32309

Dated

2/5/07

DB Coppedge

Signature of a member or authorized representative of a member

David B Coppedge

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB -6 AM 9:22

FILED

Filing Fee: \$25.00