

L06000080000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

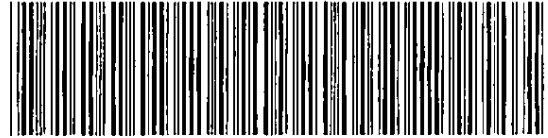
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COLEMAN EIGHT, 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:

JOHN CHARLES COLEMAN  
Name of Person

COLEMAN AND COLEMAN  
Firm/Company

2080 MCGREGOR BLVD, SUITE 202  
Address

FORT MYERS, FL 33901  
City/State and Zip Code

pleadings@colemancoleman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CHARLES COLEMAN at (239) 332-5317  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**COLEMAN EIGHT, 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 8/14/06 and assigned  
Florida document number L06000080000

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1150 VESPER DRIVE  
FORT MYERS, FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1150 VESPER DRIVE  
FORT MYERS, FL 33901

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:

CARL JOSEPH COLEMAN

New Registered Office Address:

1150 VESPER DRIVE

Enter Florida street address

FORT MYERS, Florida 33901

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

**MGR = Manager**  
**AMBR = Authorized Member**

MGR CARL JOSEPH COLEMAN 1150 VESPER DRIVE ☒ Add  
FORT MYERS, FL 33901 ☐ Remove

\_\_\_\_\_ ☐ Add  
 \_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change  
 \_\_\_\_\_ ☐ Add

☐ Remove ☐ Change

\_\_\_\_\_ ☐ Add  
 \_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change  
 \_\_\_\_\_ ☐ Add

☐ Remove ☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 7/31/2023

✱

~~Signature of a member or authorized representative of a member~~

CARL JOSEPH COLEMAN

Typed or printed name of signee

**Filing Fee: \$25.00**