

LD80000036563

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(Address)

(Address)

(City/State/Zip/Phone #)

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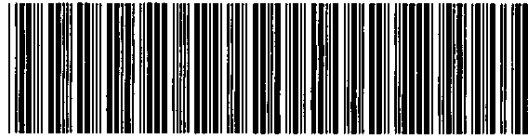
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**L. SELLERS**

MAY 29 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY 27 AM 11:43

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Coupe59, 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:

M van Duyvenbode

(Name of Person)

COUPE59 LLC

(Firm/Company)

2440 Oak Drive

(Address)

Longwood, Florida 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

M van Duyvenbode

(Name of Person)

at ( 407 ) 772-8861

(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

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

Coupe59, 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 04/10/2008 and assigned  
Florida document number None.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2440 Oak Drive

(Principal office address MUST BE A STREET ADDRESS)

Longwood, Florida 32779

Enter new mailing address, if applicable:

2440 Oak Drive

(Mailing address MAY BE A POST OFFICE BOX)

Longwood, Florida 32779

**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:

M van Duyvenbode

New Registered Office Address:

2440 Oak Drive

(Enter Florida street address)

Longwood,

(City)

Florida 32779

(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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	 M VAN DUYVENBODIE	2440 Oak Drive Longwood, Florida 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

M VAN DUYVENBODIE  
\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2008 MAY 27 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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