

L08000039883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

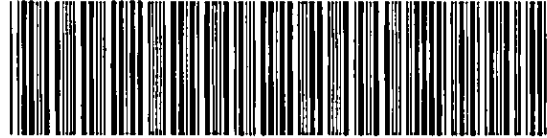
(Business Entity Name)

(Document Number)

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11/22/17--01005--001 \*\*35.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2017

JOHN K BUTZ  
2600 MAITLAND CENTER PKWY #275  
MAITLAND, FL 32751

SUBJECT: RESELL-CNC LLC  
Ref. Number: L08000039883

We have received your document for RESELL-CNC 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 FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 517A00023840

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RESELL-CNC, 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 K BUTZ

\_\_\_\_\_  
Name of Person

RESELL-CNC, LLC

\_\_\_\_\_  
Firm/Company

2600 MATTLAND CENTER PKWY, \$275

\_\_\_\_\_  
Address

MATTLAND, FL 32751

\_\_\_\_\_  
City/State and Zip Code

JOHN@RESELLCNC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN BUTZ

407 478-8181  
at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

RESELL-CNC, 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 APRIL 21, 2008 and assigned Florida document number L08000039883.

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:**

2600 MAITLAND CENTER PKWY #275

**(Principal office address MUST BE A STREET ADDRESS)**

MAITLAND, FL 32751

**Enter new mailing address, if applicable:**

2600 MAITLAND CENTER PKWY #275

**(Mailing address MAY BE A POST OFFICE BOX)**

MAITLAND, FL 32751

**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:

2600 MAITLAND CENTER PKWY #275

*Enter Florida street address*

MAITLAND

*City*

Florida 32751

*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>
MGR	CURTIS J DOHERTY	7720 LAKE GANDY CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ON AUGUST 15, 2017, CURTIS J DOHERTY TRANSFERRED HIS 49% INTEREST IN  
RESELL-CNC, LLC TO JOHN K BUTZ. AS OF AUGUST 15, 2017, JOHN K BUTZ OWNS  
100% INTEREST IN RESELL-CNC, LLC

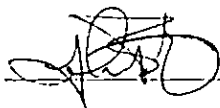
**E. Effective date, if other than the date of filing:** AUGUST 15, 2017 **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 15 2017



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

JOHN K BUTZ

\_\_\_\_\_  
Typed or printed name of signee