

1080000 43680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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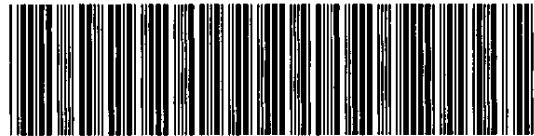
(Business Entity Name)

(Document Number)

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09/22/08--01038--009 **25.00

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2008 OCT 16 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 17 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2008

SCOTT SLOWEY
408 E. DELMONTE AVENUE
CLEWISTON, FL 33440

SUBJECT: C & S TOTAL SERVICES LLC
Ref. Number: L08000043680

We have received your document for C & S TOTAL SERVICES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 508A00051177

SECRETARY OF STATE
TAMMIE CLINE
TALLAHASSEE, FLORIDA

2008 OCT 16 PM 2:00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & S Total Services 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:

Scott T Slowey
(Name of Person)

C & S Total Services
(Firm/Company)

408 E. Del Monte Ave
(Address)

Clewiston, FL 33440
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott T Slowey at (863) 233-9828
(Name of Person) (Area Code & Daytime Telephone Number)

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2008 OCT 16 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

C & S Total Services 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 05/01/08 and assigned
Florida document number L08000043680.

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:

(Principal office address MUST BE A STREET ADDRESS)

408 E. Del Monte Ave
Clewiston FL 33440

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

408 E. Del Monte Ave
Clewiston, FL 33440

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:

408 E. Del Monte Ave
(Enter Florida street address)
Clewiston, Florida 33440
(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

Title	Name	Address	Type of Action
MGRM	Chapman, Mark W Jr.	1525 Persay Dr. Punta Gorda, FL 33982	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	McLeod, Craig	408 E. Delmonte Ave Clewiston, FL 33440	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 9/17/08

Scott T. Slowe
Signature of a member or authorized representative of a member

Scott T. Slowe
Typed or printed name of signee

FILED
2008 OCT 15 PM 2:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE