## L08000052314

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# Waiver letter Florida Department of State Division of Corporations

Dated: October 24, 2016

This Waiver Letter states that we are not going to revoke the voluntary dissolution of Cox T&T, LLC : L16000175593 and are releasing the name for use.

Signed: Garland A Cox

Gorland Cox

#### **COVER LETTER**

TO: Registration Section Division of Corporation		• •	
SUBJECT:	Cox Wa Name of Limi	Saing LLC ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
		Garland Cox Name of Person	
		Firm/Company	
	375 8	SE 2nd Ave	
	Delray	Beach, FL 3 City/State and Zip Code	3483
	e-plail address: (t	ZDN.5@, O.O. CO to be used for future annual report notific	ation)
For further information cond	erning this matter, please ca	all:	
David C Name of Pe	erson	at (57d) 715-0 Area Code Daytime	548 Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 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

(Name of the Limited Liability Compan	y as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L080000523.14</u>	-/ /	and assigned	i
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Earre)  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the ab 375 SE 2nd Av Delray Beach,	breviation "L.L.C."  (C	_ [8:3
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same as above		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, <u>enter</u>	(A)	ne new
New Registered Office Address:	Enter Florida street address	OCT 24 AH II: 59	
New Registered Agent's Signature, if changing Registered Agent	, Florida	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 = · N AMBR = A	Anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(11 an en Note:	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	9-20-16	٠
	Signature of a member or authorized representative of a member	
	Coxtona Cox Typed or printed name of signee	

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Filing Fee: \$25.00