L08000054125

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COVER LETTER

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TO: Registration Se Division of Cor		was a second of the	4
SUBJECT: Class	sic Elevator LL	C	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Donald Cass	sell Jr.	
		Name of Person	
	Classic Elev	ator LLC	
		Firm/Company	
	1473 S Diss	ton Ave	
		Address	
	Tarpon Spri	ngs, FL 34689	
		City/State and Zip Code	
	classicelevatorlic@ E-mail address: (yyanoo.com to be used for future annual report notif	ication)
For further information of	oneerning this matter, please ca	ıll:	
Donald Cas	ssell Jr.	at (727) 455-8 Area Code Daytimo	328
Name c	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he 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

Classic Elevator LLC		
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L08000054125	Company were filed on 05/31/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the	e abbreviation "L,L C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg		er the name of the n
registered agent and/or the new registered office ad	idress here:	í
Name of New Registered Agent:		
New Registered Office Address:		700 mm
	Enter Florida street address	TOTAL CONTRACTOR
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Register	City red Agent:	zip code ≠ ⇔
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Donald Cassell III	2545 NE Coachman Rd Apt. 229 Clearwater, FL 33765	🗆 Add
			Remove
			Remove
			□ Remove
			□ Remove
			☐ Add
			చ్చ్ □ Remove

. If amending any other informatio	n, enter change(s) here: (Attach add	itional sheets, if necessary.)
Effective date, if other than the da (The effective date must be specific, cannot he the date this document is filed by the Floric	ite of filing: pe prior to date of receipt or filed date and eann la Department of State)	(optional) of be more than 90 days after
Dated July 14th	2014	
Ansine h	Marsh he	
Donald Casse	anature of a member of authorized representate	
	Typed or printed name of signed	

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Filing Fee: \$25.00