# L090000000913

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	(Requestor's Name)
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	PICK-UP WAIT MAIL
	(Business Entity Name)
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Ç	pecial Instructions to Filing Officer:
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## **COVER LETTER**

Registration Section Division of Corporations

! IBJECT: C & J Tidwell Enterprises, LLC

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

Scott Rosen, Esq.

Name of Person

Scott Rosen, P.A.

Firm/Company

150 S. Pine Island Road, Suite 417

Address

Plantation, FL 33324

City/State and Zip Code

srosenlaw@bellsouth.net

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

For further information concerning this matter, please call:

Scott Rosen

<sub>,</sub>954<sub>,</sub>915-0510

Name of Person

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

C & J Tidwell Enterprises		
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited I		1/22/2009 and assigned
Florida document number L0900006913	•	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
Tidwell Enterprises, LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		2813 ALL
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	<u></u>	in i
		20 T
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
The state of the s	Atten hange end troi o.	ORIG
Name of New Registered Agent:	Scott Rosen, P.A.	
New Registered Office Address:	150 S. Pine Island Roa	d, Suite 417
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address
	Plantation	, Florida 33324
	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 Type of Action <u>Name</u> <u>Address</u> Title Tidwell, Jodi 4450 NW 126 Ave, #106 **MGRM** Coral Springs, FL 33065 Remove

Ď.	if ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
	_	
	-	
	-	
	-	
Da	ted	MAY 13 2013
		Signature of a member or authorized representative of a member
		Christopher Tidwell, MGRM
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

PALLAHASSEE FLORIDA