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2015 APR 19 P 3: 56

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## **COVER LETTER**

Division of Co	orporations		
Coyor SUBJECT:	te Holding II, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Harold Myers		
		Name of Person	
	Coyote Holding II, LLC		
		Firm/Company	
	337 Bahia Vista Dr		
		Address	
	Indian Rocks Beach FL	33785	
		City/State and Zip Code	
	JimMyers007@Gmail.Co		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Harold Myers		813 967-6316 at ()	
Name	of Person	Area Code Daytime	e 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

Coyote Holding II, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>06/02/2009</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida
New Registered Agent's Signature, if changing Registered Agen	City	Zip Code

If Changing Registered Agent, Signature of 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 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>	Address	Type of Action
MGR	Harold Myers		
			Remove
		Change Title from MGRM to MGR	■ Change
			□ Add
			☐ Remove
			Change
<u>.                                    </u>			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
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		7. 55 7. 50 7. 50 7. 50 7. 50	Change
		TARY DE	
		of STAILE FLORIDA	Remove □
		<del></del>	Change

f amending any, oth	er information, e	nter change(s) here:	(Attach addition	al sheets, if ned	essary.)	
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an effective date is liste	er than the date of d, the date must be spec	rific and cannot be prior to	date of filing or more	than 90 days afte	<b>onal)</b> r filing.) Pursua	int to 605.020
		s not meet the applicatent of State's records.	ole statutory filing r	equirements, thi	s date will no	t be listed as
e record specifies The 90th day aft	a delayed effec er the record is	tive date, but not filed.	an effective tim	ne, at 12:01	a.m. on the	e earlier o
April 11	\	2016			<b>⊳</b> a	
	1111	\	_•			A72
	Signatu	re of a member or authori	ized representative of	a member o	39 -	<u>.</u>
			O	<u> </u>	э <u>п</u>	)
Harold N	√lyers			ES.	U	1

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