## L09000095318

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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D. BRUCE

DEC 20 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Co-Ex	kecutor PLLC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
		Kevin Pillion	
		Name of Person	
		Co-Executor PLLC	
		Firm/Company	
		1671 Mound Street	
		Address	F. 5
Sarasota, FL 34236 City/State and Zip Code		Sarasota, FL 34236	10 DEC 1
		ISSN 7	
	ke	evinpillion@gmail.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please of		tion) FLORID
ı	Kevin Pillion	at ( 941 ) 3	13-9095
	of Person	Area Code & Daytime T	
Enclosed is a check for	the following amount:		
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited L</u> (A F	Co-Execuiability Compa	tor PLLC ny as it now appears on ou lability Company)	r records.)	
The Articles of Organization for this Limited Lial Florida document number	• • •	were filed on10/	02/2009	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
	Co-Execut	tor PLC	••	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ole:	1671 Mound Street		26 B
(Principal office address MUST BE A STREET	ADDRESS)	Sarasota, FL 34236		SSET
Enter new mailing address, if applicable:		1671 Mound Street		F STATE OF THE STA
(Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL 34236	6	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:		e: d Street	ords, enter t	
		Sarasota		34236
		City	_, Florida	Zip Code
		•		4

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:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	_		Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If aı		e(s) here: (Attach additional sheets, if necessary.) is being changed to show "PLC" instead	_
	of "PLLC" following the name Co-Exe		<del></del>
			TO DEC 17
Dated _	December 16 , 20	110	PF STATE
	Signature of a member	or authorized representative of a member	
	Typed	Kevin Pillion or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00