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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:06

B. KOHR
JUN 15 2010
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Coyne Caimbridge, LLC
Name of Limited Liability Company

RECEIVED
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:04

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

Please return all correspondence concerning this matter to the following:

Pamela K Hauptmann
Name of Person

Coyne Caimbridge, LLC
Firm/Company

1779 N. Congress Ave 334
Address

Boynton Beach, FL 33426
City/State and Zip Code

jbleeds@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela K Hauptmann at (610) 900-4092
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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:04

Coyne Cambridge, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/5/2010 and assigned Florida document number L100000060058

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14000 S Military Trail
Delray Beach, FL 33484

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1779 N. Congress Ave
Boynton Beach, FL
33426

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pamela K Hauptmann

New Registered Office Address:

804 E. Windward Way
Enter Florida street address

Lantana
City

Florida 33462
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.

Pamela K Hauptmann
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	John Browne	804 E. Windward Way Lantana, FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	Pamela Hauptmann	215 Princeton Ave Palmerston, PA 18071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 7, 2010.

Pamela K Hauptmann
Signature of a member or authorized representative of a member

Pamela K Hauptmann
Typed or printed name of signee