

L10000122775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

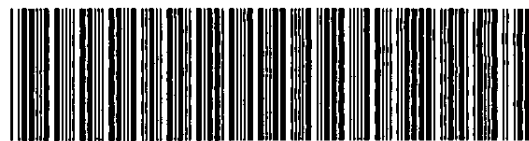
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/13--01016--015 **25.00

FILED

13 APR 18 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 22 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2013

CHANDLER M MARKS
28719 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135

SUBJECT: CMM FINANCIAL SERVICES LLC
Ref. Number: L10000122775

We have received your document for CMM FINANCIAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00004413

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMM FINANCIAL SERVICES LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CHANDLER M MARKS

Name of Person

Firm/Company

28719 ALESSANDRIA CIRCLE

Address

BONITA SPRINGS FL 34135

City/State and Zip Code

chandlermmarks@gmail.com

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

For further information concerning this matter, please call:

CHANDLER M MARKS

Name of Person

at (**239**)

980-0272

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

13 APR 18 AM 10:22

CMM FINANCIAL SERVICES LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 11/30/2010 and assigned
Florida document number L10000122775.

This amendment is submitted to amend the following:

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

CHANDLER M. MARKS, PLLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

FILED

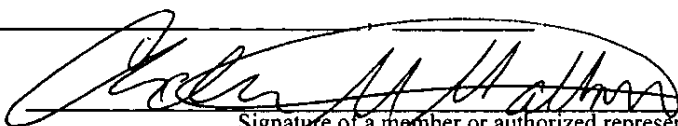
13 APR 18 AM 10:22

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		SECRETARY OF STATE TALLAHASSEE, FLORIDA	☐ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

The specific purpose of the entity
is real estate.

Dated



Signature of a member or authorized representative of a member

CHANDLER M MARKS

Typed or printed name of signee