

L100000132216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500219225265

02/06/12--01022--016 **25.00

FILED
2012 FEB -6 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. SAULSBERRY
EXAMINER

FEB 8 2012

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: Christopher G. Cothran, CPA, P.L.
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:

Christopher G. Cothran
Name of Person
Christopher G. Cothran, CPA, P.L.
Firm/Company
3281 Wymberly Drive
Address
Jupiter, FL 33458
City/State and Zip Code
cgcotthran@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -6 AM 8:22

FILED

For further information concerning this matter, please call:

Christopher G. Cothran at (561) 290-9359
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

Palm Beach County, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Christopher G. Cothran, CPA, P.L.

(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 December 29, 2010 and assigned
Florida document number L10000132216.

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)

3281 Wymberly Drive
Jupiter, FL 33458

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3281 Wymberly Drive
Jupiter, FL 33458

FILED
2012 FEB - 6 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Christopher G. Cothran

New Registered Office Address:

3281 Wymberly Drive

Enter Florida street address

Jupiter

Florida

33458

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
2012 FEB -6 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated February 1, 2012.

Christopher G. Cothran

Signature of a member or authorized representative of a member

Christopher G. Cothran

Typed or printed name of signee

Palm Beach County FL

Page 2 of 2

Filing Fee: \$25.00

*Personally known to me
February 3, 2012*

Joann Richelson



JOANN RICHELSON
MY COMMISSION # DD 939189
EXPIRES: December 31, 2012