

L11 000038826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

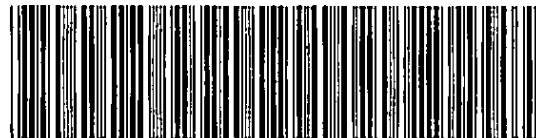
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

FEB 1 2022



500377648625
RECEIVED

DEC 13 2021

12/13/21--01035--027 **43.75

2022 JAN 31 AM 9:35
CLERK OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 31 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FL

December 28, 2021

THOMAS COYNE
8140 SEASHELL ST.
ENGLEWOOD, FL 34224

SUBJECT: THOMAS COYNE, LLC
Ref. Number: L11000038826

We have received your document for THOMAS COYNE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 321A00031147

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thomas Coyne, 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:

Thomas Coyne
Name of Person

Firm/Company

8140 Seashell Street
Address

Englewood, Florida 34224
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Coyne at (954) 708-3924
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Thomas Coyne, 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 3/02/2011 and assigned
Florida document number L11000038826.

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 contain 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	THOMAS COYNE	8140 Seashell Street	<input checked="" type="checkbox"/> Add
		Englewood, Florida 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Thomas Coyne	8140 Seashell Street	<input checked="" type="checkbox"/> Add
		Englewood, Florida 34224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS COYNE	8140 Seashell Street	<input type="checkbox"/> Add
		Englewood, Florida 34224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

1/26

2022

Signature of a member or authorized representative of a member

Thomas Coyne

Typed or printed name of signee

Filing Fee: \$25.00