

L110000123060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

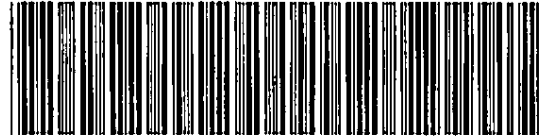
(Business Entity Name)

(Document Number)

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2022 SEP 15 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**LAW**

September 13, 2022

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: *RHODESBILT ARCADE, LLC / Document No. L11000123060*

Dear Sir or Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization for Rhodesbilt Arcade, LLC.

Also enclosed please find Weaver Loveless Law Trust Account Check #6644 in the amount of **\$25.00** for the filing fees.

If you should have any questions or need anything further, please do not hesitate to call.

Sincerely yours,



Melissa Shields  
Florida Registered Paralegal

/s/ms

Enclosures

cc: Mr. and Mrs. Carl M. Coppola III

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RHODESBILT ARCADE, 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:

CARL M. COPPOLA III

Name of Person

Firm/Company

7460 BLACK RD

Address

LAKE WALES, FL 33898-9040

City/State and Zip Code

cmc79mac@verizon.net

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

For further information concerning this matter, please call:

CARL M. COPPOLA III

863.855.0995

Name of Person

at ( )  
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

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>
MGMR	CARL M. COPPOLA JR	313 WEST LAKE AVENUE	<input type="checkbox"/> Add
		AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARY ANN COPPOLA	7460 BLACK RD.	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL 33898	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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.

September 13, 2022

  
Signature of a member of authorized representatives

Signature of a member or authorized representative of a member

Carl M. Coppola III

Typed or printed name of signee