

L13000003179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT  
JAN 19 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2018

PATRICK CHASE  
1542 HIDDEN CREEK COURT  
HOSCHTON, GA 30548

SUBJECT: SERPICO INVESTIGATIONS AND CONSULTING LLC  
Ref. Number: L13000003179

We have received your document for SERPICO INVESTIGATIONS AND CONSULTING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable please adopt alternate name. The document number of the name conflict is M11000003872.

Please return 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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 918A00000246

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## COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: SERPICO INVESTIGATIONS AND CONSULTING  
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:

PATRICK CHASE

Name of Person

SERPICO INVESTIGATIONS AND CONSULTING

Firm/Company

1542 HIDDEN CREEK COURT

Address

HOSCHTON, GA 30548

City/State and Zip Code

PCHASE@TOOLASTONEGLOBAL.COM

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

For further information concerning this matter, please call:

PATRICK CHASE

Name of Person

at ( 239 ) 851-8909

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

SEERCO INVESTIGATIONS AND CONSULTING 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 01/01/2013 and assigned Florida document number L13000003179.

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)**

23250 BILLINGS AVE

PORT CHARLOTTE, FL

33954

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City, Florida

City

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TALLAHASSEE, FLORIDA

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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.*

N/A

**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>
MGR	TAMMY CHASE	3295 29TH AVE NE, NAPLES FL	<input type="checkbox"/> Add
		34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	J.W. TRIPLETT	23250 Billings Ave	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/29, 2017

P. Chase

Signature of a member or authorized representative of a member

PATRICK CHASE

Typed or printed name of signee

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