

From:

Division of Corporations

10/07/2015 14:00

#307 001/005

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L130000095450

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALLEN DELL, P.A.  
Account Number : I20040000136  
Phone : (813)223-5351  
Fax Number : (813)229-6682

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: grichards@allendell.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLOUD 9 PROPERTIES, LLC

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TALLAHASSEE, FLORIDA

15 OCT -7 AM 8:35

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From:

10/07/2015 14:20

#307 P.002/005

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cloud 9 Properties, 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:

Gregory A. Richards, Jr.

\_\_\_\_\_  
Name of Person

Allen Dell, P.A.

\_\_\_\_\_  
Firm/Company

202 S. Rome Avenue, Suite 100

\_\_\_\_\_  
Address

Tampa, Florida 33606

\_\_\_\_\_  
City/State and Zip Code

grichards@allendell.com

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

For further information concerning this matter, please call:

Gregory A. Richards, Jr.

813  
at ( )  
Area Code

223-5351

\_\_\_\_\_  
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

((H15000240706 3)))

From:

10/07/2015 14:20

#307 P.003/005

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

Cloud 9 Properties, 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 July 2, 2013 and assigned  
Florida document number L13000095450.

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:

Gregory A. Richards, Jr.

New Registered Office Address:

202 S. Rome Avenue, Suite 100

Enter Florida street address

Tampa

City

Florida 33606

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.*

Gregory A. Richards, Jr.

If Changing Registered Agent, Signature of New Registered Agent

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**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	Charles R. Mitchell (Deceased)	11745 Unicorn Road	<input type="checkbox"/> Add
		Tampa, Florida 33637	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Quinn Mitchell	8416 Poinsettia Drive	<input checked="" type="checkbox"/> Add
		Temple Terrace, Florida 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Larry Michael Rushing	8416 Poinsettia Drive	<input checked="" type="checkbox"/> Add
		Temple Terrace, Florida 33637	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AL. HASSEE, FLORIDA

15 OCT -7 AM 7:36

100

**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 OCTOBER 6, 2015

Signature of a member or authorized representative of a member

**Margaret Jean Mitchell**

Typed or printed name of signer

**Filing Fee: \$25.00**

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