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(City/State/Zip/Phone #)

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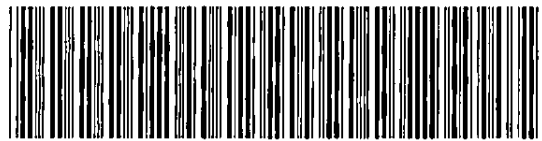
(Business Entity Name)

(Document Number)

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LAW OFFICES of MARK H. RUFF, P.A.

165 Sabal Palm Drive, Suite 135, Longwood, FL 32779

Phone: 407.951.6679 | Fax: 407.951.6678

Mark H. Ruff, Esquire
mark@mhrlaw.com

Leslie Thomas, Esquire
leslie@mhrlaw.com

August 21, 2024

Via USPS Priority Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of Florida Copy Systems LLC
Filing No. L13000152297

Dear Sir or Madam,

Enclosed for processing, please find copies of the following:

1. Articles of Amendment to Articles of Organization of Florida Copy Systems LLC,
and
2. Check No. 5151, totaling \$25.00, to cover the filing fee.

Should you have any questions or concerns regarding the aforementioned items,
please contact me to discuss further.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lillian Garcia".

Lillian Garcia,

On behalf of Mark H. Ruff, Esq.

MHR/lg
Enclosures
cc: Craig Reahl

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA COPY SYSTEMS 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:

MARK H. RUFF, ESQ.

Name of Person

THE LAW OFFICES OF MARK H. RUFF, P.A.

Firm/Company

165 SABAL PALM DRIVE, SUITE 135

Address

LONGWOOD, FLORIDA 32779

City/State and Zip Code

CRAIGREAHLE@GMAIL.COM

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

For further information concerning this matter, please call:

MARK H. RUFF

407 951-6679
at ()

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**

FLORIDA COPY SYSTEMS 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 10/29/2013 and assigned
Florida document number L13000152297

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C & T OPERATIONS LLC

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)

3525 S. ROSALIND AVENUE

ORLANDO, FLORIDA 32806

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3525 S. ROSALIND AVENUE

ORLANDO, FLORIDA 32806

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>
MGR	CRAIG R. REAHL	3525 S. ROSALIND AVENUE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32806	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TIM A. RUSS	2586 TRYON AVENUE	<input type="checkbox"/> Add
		DELTONA, FLORIDA 32725	<input type="checkbox"/> Remove
			<input checked="" 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
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			<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)

Dated August 20, 2024

CRAIG R. REAHL

Filing Fee: \$25.00