

L14000010017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

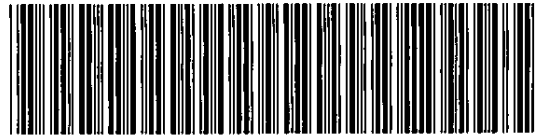
(Business Entity Name)

(Document Number)

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2014 MAR 31 PM 2:14

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2014 MAR 31 AM 10:34

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'APR 01 2014

D. BRUCE

GUILDAY LAW

March 31, 2014
VIA HAND DELIVERY

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: SC&D Copeland LLC – Document No. L14000010017

Dear Sir or Madam:

Enclosed for filing are the original and one copy of Articles of Amendment to Articles of Organization of SC&D Copeland, LLC. Our check for \$25.00 is also enclosed. Please call me when the acknowledgment is ready and I will send a runner to pick it up.

Thank you very much for your help..

Sincerely,



Chris Gibson, Assistant to Daniel J. Kuhn

/cg
Enclosures

CATHERINE B. CHAPMAN^o
JENNIFER SULLIVAN DAVIS
ROBERT D. FINGAR
THOMAS J. GUILDAY
GEORGE W. HATCH, III*
DANIEL J. KUHN
FRANCES C. LOWE^o
TRUDY E. INNES RICHARDSON
CARRIE MENDRICK ROANE
JAKEN E. ROANE
CHRISTINA L. SCARINGE
MARY K. SIMPSON**
MICHAEL D. WEST
ALBERT J. WOLLERMANN^o
OF COUNSEL
GEOFFREY B. SCHWARTZ
J. KENDRICK TUCKER

* BOARD CERTIFIED CONSTRUCTION LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER
^o ALSO ADMITTED IN GA

A MEMBER OF
THE HARMONIE GROUP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SC&D COPELAND 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:

Chris Gibson

Name of Person

Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A.

Firm/Company

1983 Centre Pointe Boulevard, Suite 200

Address

Tallahassee, Florida 32308

City/State and Zip Code

sunil.nrmventures@gmail.com

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

For further information concerning this matter, please call:

Chris Gibson

Name of Person

at **850 224-7091**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SC&D COPELAND 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 01/17/2014 and assigned
Florida document number L14000010017.

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 end with 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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	SOLEBURY COFFEE & DONUTS TALLAHASSEE LLC	225 HIGH ROAD WEST BUILDING	<input type="checkbox"/> Add

STAMFORD, CT 06905 ☒ Remove

MGR	SOLEBURY COFFEE & DONUTS TALLAHASSEE LLC	225 HIGH ROAD WEST BUILDING	<input checked="" type="checkbox"/> Add
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STAMFORD, CT 06905 ☐ Remove

MGR	RDM TALLY, LLC	2350 PHILLIPS ROAD APT. 5-211	<input checked="" type="checkbox"/> Add
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TALLAHASSEE, FL 32308 ☐ Remove

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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☐ Remove

☐ Add

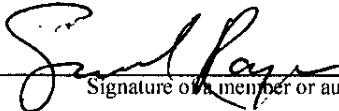
☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25, 2014



Signature of a member or authorized representative of a member

Sunil Rajan

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA