

L14000026470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

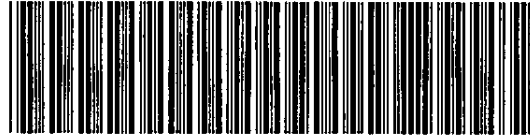
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen FEB 17 2015

COVER LETTER

O: **Registration Section**
Division of Corporations

COUTYS COMPLETE PROPERTY SERVICES, LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

all correspondence concerning this matter to the following:

Tim Couty

Name of Person

Tim and Amy Property Investments, LLC

Firm/Company

Panama City Beach, FL 32407

City/State and Zip Code

timcouty67@gmail.com

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

- timcouty67@gmail.com

For further information concerning this matter, please call:

Tim Couty

706

604-6459

Name of Person

at ()

Area Code

Daytime Telephone Number

check for the following amount:

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)

ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COUTYS COMPLETE PROPERTY SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 2/17/14 and assigned document number L14000026470.

This amendment is submitted to amend the following:

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

Tim and Amy Property Investments, LLC

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:

10517 Front Beach Rd. tower 4 unit #905
~~10517 Front Beach Rd. tower 4 unit #905~~

(Principal office address MUST BE A STREET ADDRESS)

Panama City Beach, FL 32407

or mailing address, if applicable:

10517 Front Beach Rd. tower 4 unit #905
~~10517 Front Beach Rd. tower 4 unit #905~~

(Mailing address MAY BE A POST OFFICE BOX)

Panama City Beach, FL 32407

Amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

10517 Front Beach Rd. tower 4 unit 905

~~enter the new registered office address~~

City Beach, Florida 32407

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability 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

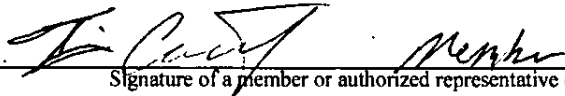
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tim Couty	10517 Front Beach Rd. 4-905	<input checked="" type="checkbox"/> Add
		Panama City Beach, FL 32407	<input type="checkbox"/> Remove
AMBR	Amy Cline	10517 Front Beach Rd. 4-905	<input checked="" type="checkbox"/> Add
		Panama City Beach, FL 32407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> 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 Feb 5, 2015


Signature of a member or authorized representative of a member

Tim Couty

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA