

L440000 B 8644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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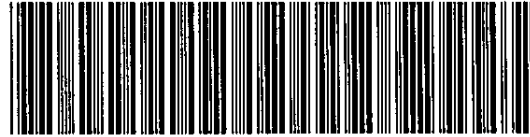
(Business Entity Name)

(Document Number)

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TREASURY

FEB 19 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABIN #22 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:

GRADY COOKSEY JR.
Name of Person

CABIN #22 LLC
Firm/Company

100 S. EOLA DR., PH 115
Address

ORLANDO, FL. 32801
City/State and Zip Code

9064r@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRADY COOKSEY at (407) 247 1323
Name of Person 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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TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CABIN #22, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

100 S. EOLA DR, PH 115
ORLANDO, FL. 32801

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GRADY M. COOKSEY JR
Name

100 S. EOLA DR, PH 115

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32801
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Cabin #22 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 09/04/2014 and assigned Florida document number L14000138644

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)

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------------|--------------------------|------------------------------|--|
| <u>MGR</u> | <u>Grady Cooksey Jr.</u> | <u>100 S. Eola Dr. PH115</u> | <input type="checkbox"/> Add |
| | | <u>Orlando, FL 32801</u> | <input checked="" type="checkbox"/> Remove |

| | | | |
|------------|---------------------|------------------------------|--|
| <u>MBR</u> | <u>Judy Cooksey</u> | <u>100 S. Eola Dr. PH115</u> | <input type="checkbox"/> Add |
| | | <u>Orlando, FL 32801</u> | <input checked="" type="checkbox"/> Remove |

| | | | |
|------------|------------------------------|------------------------------|--|
| <u>MBR</u> | <u>Melvin J. Johnson III</u> | <u>100 S. Eola Dr. PH215</u> | <input type="checkbox"/> Add |
| | | <u>Orlando, FL 32801</u> | <input checked="" type="checkbox"/> Remove |

| | | | |
|------------|-----------------------|------------------------------|--|
| <u>MBR</u> | <u>Marsha Johnson</u> | <u>100 S. Eola Dr. PH215</u> | <input type="checkbox"/> Add |
| | | <u>Orlando, FL 32801</u> | <input checked="" type="checkbox"/> Remove |

| | | | |
|------------|--------------------------|------------------------------|---|
| <u>MGR</u> | <u>The Cooksey Corp.</u> | <u>100 S. Eola Dr. PH115</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Orlando, FL 32801</u> | <input type="checkbox"/> Remove |

| | | | |
|------------|-----------------------------------|------------------------------|---|
| <u>MBR</u> | <u>Melvin J. Johnson III</u> | <u>100 S. Eola Dr. PH215</u> | <input checked="" type="checkbox"/> Add |
| | <u>AS Trustee of the Melvin</u> | | |
| | <u>J. Johnson Revocable Trust</u> | <u>Orlando, FL 32801</u> | <input type="checkbox"/> Remove |
| | <u>dated July 9, 2001</u> | | |