

L150000 11212

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ALABAMA, FLORIDA

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44 Union Blvd. Suite 103, Lakewood, CO 80228  
303-986-4848 Phone 303-986-4761 FAX  
[www.bankersescrow.com](http://www.bankersescrow.com)

December 1, 2015

Florida Department of State  
Registration Section – Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

RE: Two items submitted for filing

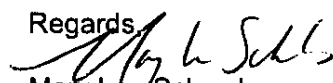
To Whom It May Concern:

Enclosed please find the following 2 documents for the C & C Swayze LLC submitted for filing.

1. Articles of Amendment to Articles of Organization for C & C Swayze LLC
2. Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company

There is also a check for \$50.00 to pay for the filing fee for the two documents. If you have any questions please contact me at 303-986-4848.

Regards,

  
Mary Lou Schwab  
Vice President

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** C & C Swayze 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:

Christopher P Swayze

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

C & C Swayze LLC

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

851 Collier Ct

\_\_\_\_\_  
Address

Marco Island FL 34145

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

swayze@shermanengineering.com

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

For further information concerning this matter, please call:

Mary L Schwab

303 986-4848  
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/COURIER ADDRESS:

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

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

C & C Swayze LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 20, 2015 and assigned  
Florida document number L15000011212.

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: \_\_\_\_\_

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	Mary L Schwab	44 Union Blvd Ste 103	<input type="checkbox"/> Add
		Lakewood CO 80228 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher P. Swayze	851 Collier Ct.	<input checked="" type="checkbox"/> Add
		Marco Island FL 34145 US	<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"/> Change

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**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.

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