

215000045634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

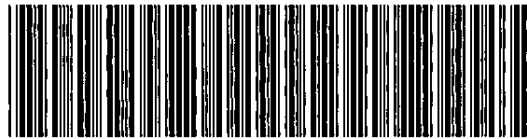
(Business Entity Name)

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TALLAHASSEE FLORIDA

MAY 28 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CM OF FLORIDA 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:

CHARLES TOKARZ

Name of Person

CM OF FLORIDA LLC

Firm/Company

1651 WHITFIELD AVE

Address

SARASOTA FL 34243

City/State and Zip Code

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

For further information concerning this matter, please call:

CHARLES TOKARZ

Name of Person

at (941)

Area Code

302-3020

Daytime Telephone Number

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TALLAHASSEE FLORIDA

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

CM OF FLORIDA LLC

Page 1 of 3

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>
<u>MGR</u>	<u>LAND EXPERTS INC</u>	<u>1651 WHITFIELD AVE</u>	<input type="checkbox"/> Add
		<u>SARASOTA, FL 34243</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MEDALLION HOMES</u>	<u>1651 WHITFIELD AVE</u>	<input checked="" type="checkbox"/> Add
	<u>GULF COAST INC</u>	<u>SARASOTA FL 34243</u>	<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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TALLAHASSEE FLORIDA

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

SECRET
PILAHAS

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

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Charles Tobey
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CHARLES 'TOMARZ

Typed or printed name of signee

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