

L15000144105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

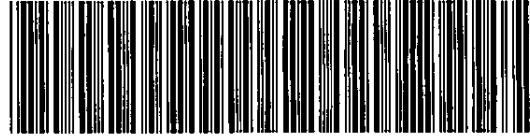
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279510325

12/10/15---01006---003 **25.00

FILED
15 DEC 10 PM 2:54
CLERK OF CIRCUIT
JUDICIAL OFFICE
TALLAHASSEE, FLORIDA

DEC 11 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cudjoe Cottages 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:

Jad Maouad
Name of Person

Firm/Company

5434 Center Pine Lane
Address

Williamsville NY 14221
City/State and Zip Code

Cudjoecottages@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jad Maouad at (716) 903-5231
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

TO
ARTICLES OF ORGANIZATION
OF

Cudjoe Cottages 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 8/24/15 and assigned
Florida document number L15000144105.

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

City, Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Susan Rich	1501 State Rd 4A	<input checked="" type="checkbox"/> Add
		Little Torch Key FL 33042	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michel Maouad	5434 Center Pine Ln	<input checked="" type="checkbox"/> Add
		Williamsville NY 14221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wissam Gharib	5434 Center Pine Ln	<input type="checkbox"/> Add
		Williamsville NY 14221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michele Maouad	5434 Center Pine Ln	<input type="checkbox"/> Add
		Williamsville NY 14221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
5 DEC 10 PM 2:54
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED
15 DEC 10 PM 2:54
TALLAHASSEE, FLORIDA

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 12/3, 2015.



Signature of a member or authorized representative of a member

Jad Maouad

Typed or printed name of signee