

L15000183225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

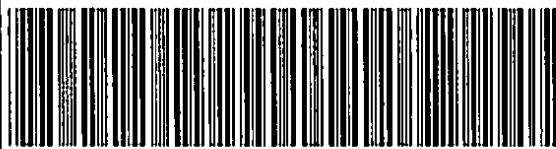
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CLERK OF COURT
TALLAHASSEE, FLORIDA

D SCOTT
AUG 3 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & M Tractor Services

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:

John Ward

Name of Person

C & M Tractor Services

Firm/Company

3393 Wall Road

Address

Green Cove Springs, FL 32043

City/State and Zip Code

candm.tractor.services.com

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

For further information concerning this matter, please call:

Marina Joyner

858

776-0898

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

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

C & M Tractor Services

(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 10/28/2015 and assigned
Florida document number L15000183225.

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)

3393 Wall Road

Green Cove Springs, FL 32043

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3393 Wall Road

Green Cove Springs, FL 32043

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

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COURT
JANUARY
10
2016
TALLAHASSEE
FLORIDA

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>
AMBR	Marina Joyner	3406 Brown Road	<input type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chris Joyner	3406 Brown Road	<input type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Ward	3393 Wall Road	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<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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[illegible]

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.

Dated July 25, 2017

M. J. J. J. J.
Signature of a member of

Signature of a member or authorized representative of a member

Marina Joyner

Typed or printed name of signee

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