## 115000192655

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## **COVER LETTER**

	ion Section of Corporations					
43 5 7 8 6 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ND M COTHRAN ENTERPRISES LLC					
SUBJECT: Name of I imited Liability Company						
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.					
Please return all co	orrespondence concerning this matter to the following:					
	Steven Cabrera					
	Name of Person					
	Cabrera Tax Accountants LLC					
	Firm/Company					
	8810 SW HWY 200 Suite 103					
	Address					
	Ocala FL 34481					
	City/State and Zip Code					
	steve@cabreratax.com  E-mail address: (to be used for future annual report notification)					
For further informa	ation concerning this matter, please call:					
Steven Cabrera	352 484-1172 at ()					
١	Name of Person Area Code Daytime Telephone Number					
Enclosed is a check	k for the following amount:					
<b>■</b> \$25.00 Filing I	Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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

## A AND M COTHRAN ENTERPRISES 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 Co	ompany were filed on $\frac{11/13/20}{}$	15 and assigned
Florida document number L15000192655	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		E T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	<u>m</u> 0 m
		THE P. C.
5 to 1 d d d d d		S. S.
B. If amending the registered agent and/or regist	ress here:	records, enter the chame of the new
		•
Name of New Registered Agent:		
New Registered Office Address:		
New Neglatered Office Address.	Enter Florida stre	et address
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agong filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my di gent as provided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gnature 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>	Address	Type of Action
MGR	Mary Osborn	5103 River Edge Lane	
		Leesburg F1, 34748	■ Remove
			Change
			Add
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	07/26/2018		
Effective date, if other than the offence date is listed, the date in	e date of filing: ust be specific and cannot be prior to	(optional) late of filing or more than 90 days after filing.) Pursuant to	o 605.0207 (3
Note: If the date inserted in this document's effective date on the	block does not meet the applicab	e statutory filing requirements, this date will not be	listed as th
document's effective date on the	Department of State's records.		
the record specifies a delay	ad affactiva data, but not	n offective time at 13:01 a.m. on the o	arlier of:
The 90th day after the re		n effective time, at 12:01 a.m. on the e	arner or.
·			
Dated	2018		
	6 /30		
_ / WM	W/11. (1800		
1	Signature of a member or authoriz	ed representative of a member	<del></del>
Aubrey Cothran	/		
		ame of signee	

Page 3 of 3

Filing Fee: \$25.00