

L16 000016448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

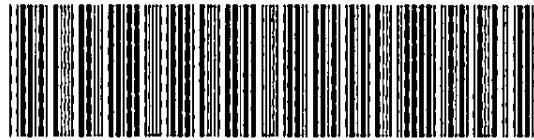
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/21
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10/15/21--01015--013 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C&D HOME INVESTORS 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:

CHARLIE WILLIAMS

Name of Person

C&D HOME INVESTORS LLC

Firm/Company

20424 SW 85TH AVENUE

Address

MIAMI FL 33189

City/State and Zip Code

ceoblackhead84@gmail.com

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

For further information concerning this matter, please call:

CHARLIE WILLIAMS

786 278-7931

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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


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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	CHARLIE WILLIAMS	20424 SW 85TH AVENUE	<input type="checkbox"/> Add
		MIAMI FL 33189	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHARLIE WILLIAMS	20424 SW 85TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANICE FAIR	11700 SW 254TH STREET	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00