

L16000023457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2016 MAR 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2016 MAR 14 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 16

Jenna Foley
407-552-1799

Kim McCracken
407-460-0134



111 E. Monument Ave.
Suite 702
Kissimmee, FL 34741

March 9, 2016

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Enclosed are the forms that are required to change our Corporate Information.

The bank has informed me that the initial filing was done incorrectly. They said you are either a Member or an Officer, but not both. Therefore, please refer to the forms enclosed to make the necessary changes.

Please send a new certificate of Status.

Thank you for your assistance.

Sincerely,

P. Kim McCracken
Managing Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Complete Control Commercial Property Management, 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:

Patricia Kim McCracken

Name of Person

Complete Control Commercial Property Management, LLC

Firm/Company

111 E. Monument Avenue, Suite 702

Address

Kissimmee, FL 34741

City/State and Zip Code

mccrackenism@yahoo.com

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

For further information concerning this matter, please call:

P. Kim McCracken

407 460-0134
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Complete Control Commercial Property Management, LLC

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

FILED
2016 MAR 14 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/26/2016 and assigned Florida document number L16000023457.

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

_____, 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

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>
MGR	Patricia Kim McCracken	111 E. Monument Avenue, Suite 70	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change to only Member and MGR	<input checked="" type="checkbox"/> Change
VP/Sec	Jennifer A. Foley	8845 Howland Place, Bristow, VA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change to Ambr	<input checked="" type="checkbox"/> Change
TREAS	Thomas J. McCracken	111 E. Monument Avenue, Suite 70	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 MAR 14 PM 12:24
OFFICE OF THE
CLERK OF THE
COURT
JULIA A. HARRIS
CLERK OF THE COURT

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

FILED
2016 APR 14 PM 4:24
FALLABEACH, ILL. CLERK OF COURT

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 MARCH 7,

2016

Signature of a member or authorized representative of a member

Patricia Kim McCracken

Typed or printed name of signee