

L16 000053163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

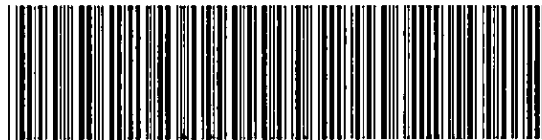
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2020 JUN 8 PM 6:31  
DIVISION OF CORPORATIONS  
HARTFORD, CT 06103

2020 JUN -4 PM 6:31

FILED

JUN 08 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 FEB -5 AM 9:14

February 19, 2020

DAVID M RUTHERFORD  
INCOME TAX SPECIALIST  
PO BOX 5530  
DESTIN, FL 32540

SUBJECT: CANDIS REID HILL LLC  
Ref. Number: L16000053163

We have received your document for CANDIS REID HILL LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 720A00003732

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CANDIS REID HILL, L.L.C.

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:

DAVID M. RUTHERFORD

Name of Person

INCOME TAX SPECIALIST

Firm/Company

P.O. BOX 5530

Address

DESTIN FL 32540

City/State and Zip Code

COUNTRYPRO1@AOL.COM

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

For further information concerning this matter, please call:

CANDIS RAINER

228 731-5512  
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 type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

*\$43.75 paid with 1/16/2020 - incorrect amendment*

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

CANDIS REID HILL 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 03/08/2016

Florida document number L16000053163

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CANDIS RAINER, L.L.C.

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)**

4458 LEGENDARY DRIVE

SUITE 100

DESTIN FL 32541

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 1024

DESTIN FL 32540

**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:

CANDIS RAINER

New Registered Office Address:

4458 LEGENDARY DRIVE, SUITE 100

*Enter Florida street address*

DESTIN

Florida 32541

*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	CANDIS REID HILL	P.O. BOX 1024	<input type="checkbox"/> Add
		DESTIN FL 32540	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CANDIS RAINER	P.O. BOX 1024	<input checked="" type="checkbox"/> Add
		DESTIN FL 32540	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.

Candis Rainer  
Signature of a member or authorized representative of a member

Typed or printed name of signee