

L160000684MS

(Requestor's Name)

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PICK-UP

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MAIL

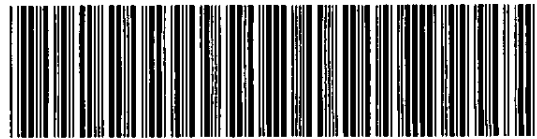
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/16--01006--026 **25.00

RECEIVED
2016 NOV -7 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 NOV 21 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
NOV 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2016

BRIANNA CORBITT
16035 TABLE MOUNTAIN PKWY
GOLDEN, CO 80403

SUBJECT: CENTERLINE SOLUTIONS LLC
Ref. Number: L16000084145

*Correct
form now
attached*

RECEIVED
2016 NOV 21 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CENTERLINE SOLUTIONS LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 916A00024044

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16 NOV 21 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centerline Solutions, 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:

Brianna Corbitt
Name of Person

Centerline Solutions, LLC
Firm/Company

16035 Table Mountain Pkwy
Address

Golden, CO 80403
City/State and Zip Code

bcorbitt@centerlinesolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brianna Corbitt at (303) 993-3293 x1315
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
Already Sent

☐ \$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

FILED
NOV 21 PM 12:21
16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Centerline Solutions, 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 4/28/16 and assigned Florida document number L16000084145.

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)

11035 Table Mountain Pkwy
Golden, CO 80403

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

City, Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

[illegible]

(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 first of:
(b) The 90th day after the record is filed.

Tom Hunt

Signature of a member or authorized representative of a member

Tom Durant

Typed or printed name of signee

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NOV 21 PM 12:21
CLERK OF STATE
TALLAHASSEE, FLORIDA