

L16 000119320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

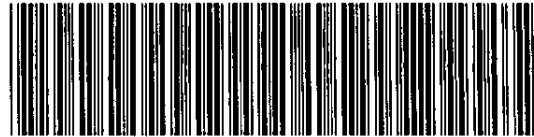
(Business Entity Name)

(Document Number)

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2017 FEB -6 P 12:09
CLERK OF STATE
TAMPA, FLORIDA

S Warren

FEB 07 2017

(Cohen's trucking)

(Kelly Whitten)

(2346 Winkler Ave
Apt F101
Fort Myers FL 33901)

Phone# (850) 530-0889.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cohens' Trucking
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:

Kelly Whitten
Name of Person

Firm/Company

2349 Winkler Ave apt F101
Address

FT Myers FL 33691
City/State and Zip Code

Kelly S @ Kelly Nester@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Whitten at (850) 530-0889
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

Cohen's Trucking

(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 _____ and assigned
Florida document number _____.

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)

2349 Winkler Ave Apt F101
FT Myer FL 33091

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2349 Winkler Ave Apt F101
FT Myer FL 33091

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:

Kelly Whitten

New Registered Office Address:

2349 Winkler Ave Apt F101

Enter Florida street address

FT Myer, Florida 33091

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.

X Kelly Whitten
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>
MOB	Phillip Coler	2446 Vermont Ct	<input type="checkbox"/> Add
		Cape Coral FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Susel Hernandez	2446 Vermont Ct	<input type="checkbox"/> Add
		Cape Coral FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Kelly Whifton	2346 Winkler Ave Apt F101	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33091	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: February 13, 2011 (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

1/31/17

Signature of a member or authorized representative of a member

Phillip Ryan Cohen
Typed or printed name of signatory

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA