

L16000223988

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JAN 10 2017

S. YOUNG

17 JAN -9 PM 4:07

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Connell Rail Consulting 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:

David A. Connell
Name of Person

Connell Rail Consulting
Firm/Company

4012 Maltose Ct
Address

Punta Gorda, Florida 33950
City/State and Zip Code

Dconnell2@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Connell at (904) 216 8254
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN -9 PM 4:07

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

Connell Rail Consulting 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 Dec 12, 2016 and assigned Florida document number L16000223988.

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>
AMBR	Barbara F Connell	4012 Maltese Ct	<input type="checkbox"/> Add
		Punta Gorda, FL	<input checked="" type="checkbox"/> Remove
		33950	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 17 2011
4:07 PM

[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 earlier of:

Dated Jan 4, 2017

Claudia Connell / Barbara F. Connell
Signature of a member or authorized representative of a member

David A. Connell / Barbara F Connell
Typed or printed name of signee

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of CONNELL RAIL CONSULTING, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on December 12, 2016, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L16000223988.

Authentication Code: 161212155728-700293179417#1

FILED
STATE OF FLORIDA
TALLAHASSEE
17 JAN -9 PM 4:07

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twelfth day of December, 2016



Ken Detzner
Ken Detzner
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000223988
FILED 8:00 AM
December 12, 2016
Sec. Of State
diokeefe

Article I

The name of the Limited Liability Company is:

CONNELL RAIL CONSULTING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4012 MALTESE CT.
PUNTA GORDA, FL. US 33950

The mailing address of the Limited Liability Company is:

4012 MALTESE CT.
PUNTA GORDA, FL. US 33950

Article III

The name and Florida street address of the registered agent is:

DAVID A CONNELL
4012 MALTESE CT.
PUNTA GORDA, FL. 33950

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DAVID A. CONNELL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
DAVID A CONNELL
4012 MALTESE CT.
PUNTA GORDA, FL. 33950 US

Title: AMBR
DAVID A CONNELL
4012 MALTESE CT.
PUNTA GORDA, FL. 33950 US

Title: AMBR
BARBARA F CONNELL
4012 MALTESE CT.
PUNTA GORDA, FL. 33950 US

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L16000223988
FILED 8:00 AM
December 12, 2016
Sec. Of State
dlokeefe

FILED
SECRETARY OF STATE
PUNTA GORDA
17 JAN -9 PM 4:07