

L17000020278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

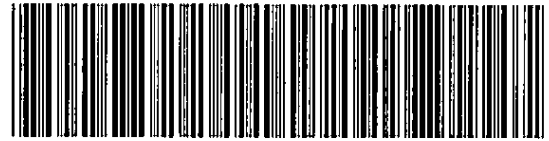
(Business Entity Name)

(Document Number)

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2019 SEP 11 AM 10 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COTLER DESIGN DRAFTING AND CONSTRUCTION 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:

MARY C DISNEY
Name of Person

MCD CPA LLC
Firm/Company

1184 CIRCLE DR STE A
Address

DEFUNIAK SPRINGS FL 32435
City/State and Zip Code

Mary.disney@cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY C DISNEY at (850) 520-4665
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

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SEP 11 A 3 59

1-25-2020 TAFEY. 2020
ALLAH SEE and assign

COTIER DESIGN + DRAFTING LLC

N/A

N/A
Enter Floor

_____, Florida _____
City Zip Code

N/A

Page 1 of 3

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
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 SEPTEMBER 7, 2019.

Warren D. Laurent

Signature of a member or authorized representative of a member

WARREN D. LAURENT

Typed or printed name of signee