# 117000020278

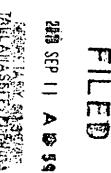
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COTIER DESIGN DEAFTING AND CONSTRUCTION STUTIONS LLC
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
DEFUNIAK SPRINGS FL 32435 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) S20-4665  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\( \text{Certificate of Status} \) \$\( \text{Certified Copy} \) \$\( \text{candditional copy is enclosed} \)

#### 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

四川 医胸

Comment November 1	Cura Lineary III
COTTER DESIGN DRAFTING AN (Name of the Limited Liability Compan	ID CONSTRUCTION SOLUTIONS LLC  IN AS IT NOW APPEARS ON OUR SOLUTIONS TO THE PLANT OF THE PROPERTY OF THE PROPE
(A Florida Limited L	nability Company)
The Articles of Organization for this Limited Liability Company	were filed on AHASTET! and assigned
Florida document number <u>L1700020278</u>	IOP = .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
COTIER DESIGN + DRAFTING	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabili	ry 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)	<u> </u>
	$\mathcal{M}_{I_{I}}$ .
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	San addana an ann acanda ann at sea
registered agent and/or the new registered office address here	fice address on our records, enter the name of the new:
Name of New Registered Agent:	
New Registered Office Address:	1111
Ison Registered Office Address.	Enler Florida street address
	Florida
	City Zip Code
Name Designated Amont's Companies of about 1 - Designated Amont	

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:

<u>or remov</u>	<u>red from our records:</u>		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fan effective date is liste Note: If the date inser	ner than the date of fi d, the date must be specific ted in this block does n date on the Department	c and cannot be prior to not meet the applica	o date of filing or more the	(optional) an 90 days after filing.) Purs uirements, this date will r	uant to 605,0207 ( not be listed as t
e record specifies The 90th day aft	s a delayed effective ter the record is file	ve date, but not ed.	an effective time	, at 12:01 a.m. on ti	he earlier of
ated SPTEM		2019			
	Warren	D Law	rized representative of a s		
	Signature c	ora member or author	rized representative of a r	nember	

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Filing Fee: \$25.00