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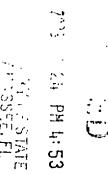
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

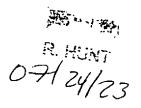




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COVER LETTER

TO:

TO:	Registration Se Division of Cor			•				
ou n	c or	3694 Isa	ibella Blvd, LLC					
SUBJ	ECI;	Name of Limi	ted Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
			Kristopher D. Robinson					
			Name of Person					
			Robinson Collins					
Firm/Company								
	Call							
Address								
		Jacksonville, Florida 32204						
			City/State and Zip Code	PH 4:53				
			1983rbc@gmail.com	FL: 53				
		E-mail address: (1	o be used for future annual report notific	eation) ITI W				
For fur	ther information c	oncerning this matter, please ca	all:					
Kristo	pher D. Robinson		904 483-3857					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclos	æd is a check for ti	he following amount:						
□ \$ 2	5.00 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		<u>Street Address:</u> Registration Sect	ion				
	Division of C		Division of Corpo					
	P.O. Box 632	27	The Centre of Ta	llahassee				
	Tallahassee l	F1 32314	2415 N. Monroe	Street Stute 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3694 Isabell	a Blvd, LLC			
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	04/05/2017	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Coyote C3, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the design	nation "LLC" or the abbr	eviation "L	.L.C."
Enter new principal offices address, if applicable:			~_;	
(Principal office address MUST BE A STREET ADDRESS)		· .	·	
		·_		•••
		. 2.) (A) (A)	0	: ! m
Enter new mailing address, if applicable:			· ==	Carrie
(Mailing address MAY BE A POST OFFICE BOX)		الرّ	다. 다. 너	
			η ω	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	rds, <u>enter the name</u>	of the ne	w registere
New Registered Office Address:				
	Enter Florida :	street address		
		, Florida	<u>.</u>	
	Ciņ		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am fai pter 605, F.S. Or, ij	miliar wi this doci	th and ument is
If Cha	nging Registered Agent,	Signature of New Regis	itered Ager	<u></u>

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>	Address	Type of Action
MGR	Lauri B. Rice	12 Ponte Vedra Circle	≣ Add
		Ponte Vedra Beach, FL 32082	□Remove
			[]Change
		·········	□Remove
			Change
			☐Add
			Remove Control Contro
			□Remove
			Change
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ffective date, if of an effective date is li		t does not n	neet the appl	licable stat	filing or mo story filing	re than 90 d requireme	_ (optional) ays after the ents, this	1 al) iling.) Purs date will	suant to s not be l	605.020 listed as
lote: If the date in			an effactive	times at 1)./Nlama	n the earli	er of: (b)	The 90t	h day a	iter the
ote: If the date in ocument's effective record specifies a c	delayed effective d	ate, but not	an effective	tunc, at 1.	2.01 a.m. 0.	ii tike carii	•			
Note: If the date in ocument's effective record specifies a data is filed.	delayed effective d July 18		2023	Tune, at 1.		ii the Carm				
Note: If the date in locument's effective record specifies a d is filed.	July 18	· · · · · · · · · · · · · · · · · · ·				N	lem be	<u></u>		

Filing Fee: \$25.00