

L1700133173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

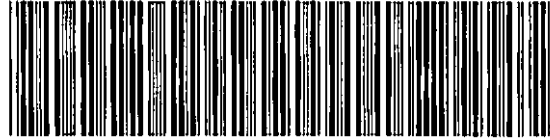
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600301045866

07/12/17--01022--020 **43.75

FILED

2017 AUG -2 P 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
AUG 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2017

RICHARD PRESTON
5460 SE 53 LANE
CENTER HILL, FL 33514

SUBJECT: COMMERCIAL ENGRAVING SERVICES, LLC
Ref. Number: L17000133993

We have received your document for COMMERCIAL ENGRAVING SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 817A0001314

FILED

2017 AUG - 2 P 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 AUG - 3 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMERCIAL ENGRAVING SERVICES, 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:

Richard/Lori PRESTON
Name of Person

COMMERCIAL ENGRAVING SERVICES, LLC
Firm/Company

5460 SE 53 LANE
Address

CENTER HILL, FL 33514
City/State and Zip Code

COMMERCIAL ENGRAVING@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI PRESTON at (813) 486-4252
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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) |
|---|--|--|--|

* AIRREADY PROVIDED CHECK

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

2017 AUG - 2 P 2: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

COMMERCIAL ENGRAVING SERVICES, 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 6/20/2017 and assigned
Florida document number L17000133993

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT AMENDING NAME

N/A

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)

N/A

NOT AMENDING ADDRESS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

NOT AMENDING PO 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:

N/A

New Registered Office Address:

NOT AMENDING REGISTERED

AND/OR ADDRESS

Enter Florida street address

Florida

City

TALLAHASSEE, FLORIDA

2017 AUG 22 P 5 52

FILED
AGENT

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.

N/A

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>
MGR	LORI PRESTON	5460 SE 53 Lane CENTER HILL, FL 33514	<input type="checkbox"/> Add
		* REMOVE AS MGR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Preston	5460 SE 53 Lane CENTER HILL, FL 33514	<input checked="" type="checkbox"/> Add
		* ADD AS MGR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 AUG -21 P 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 AUG -2 P 12:52

SECRETARY of STATE
TALLAHASSEE, FLORIDA

FILED
2017 AUG -2 P 12:52
SECRETARY of STATE
TALLAHASSEE, FLORIDA

(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:

(b) The 90th day after the record is filed.

Dated

7/31/2017

Hori Preston
Signature

Signature of a member or authorized representative of a member

LORI PRESTON

Typed or printed name of signee

[Handwritten signature]

Richard Preston