

L1700019/905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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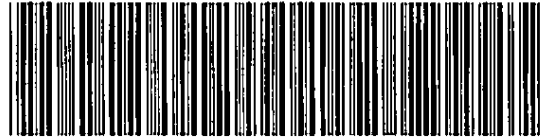
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/21/13--01011--007 **50.00

FILED
MAR 21 2013

2019 MAR 21 PM 12:17
FBI - NEW YORK

FILED

CEECORP LLC

3430 Highway 77 Suite D
Panama City, FL 32405
850-763-9884

March 19, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Amendment

Reference: CEECORP LLC
Document # L17000191905

Enclosed is the Articles of Amendment to Articles of Organization of CEECORP LLC originally filed September 14, 2017. Also a check for \$30.00 for the filing fee and a certificate of status.

According to the Small Business Administration, in order to fund our Hurricane Michael Disaster loan our filing needs to show us as members, not managers on the Florida Sun Biz site as that is how they file our loan papers. We would greatly appreciate your help in expediting this change so our monies to rebuild our commercial building can continue.

Please call if you have any questions. Thank you for your attention to this matter.


Lorayne J. Evans
CEECORP LLC
Member/Manager

**TO: Registration Section
Division of Corporations**

SUBJECT: CEECORP 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:

LORAYNE EVANS

Name of Person

CEECORP LLC

Firm/Company

3430 HIGHWAY 77 STE. D

Address

PANAMA CITY FL 32405

City/State and Zip Code
CHAD@COLORPRESSPRINTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD EVANS	850	763-9884
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

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

CEECORP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 MAR 21 PM 12:17

The Articles of Organization for this Limited Liability Company were filed on 09/14/2017 and assigned
Florida document number L17000191905.

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	LORAYNE J EVANS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CHAD E EVANS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated March 19, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee