## 117000199284

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





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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Cook Cus.	tom Homes & Conited Liability Company	istruction, LLC
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Frank	Aason Coox Name of Person	
	Cook- Custo	M Homes & Const Firm/Company	suction, LLC
	7330 36+	L Court Address	
	Veto Bea Frank Co	City/State and Zip Code  City/State and Zip Code  Cok T 82 D 9 MA:  (to be used for future annual report notif)	L.Con
For further information co	oncerning this matter, please c	all:	
FEANK CO	Person	at ( <u>772</u> ) <u>696</u> . Area Code Daytime	-1697 Telephone Number
Enclosed is a check for the	ac following amount:		
\$25.00 Filing Fee	S30,00 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

Cook Custom Home (Name of the Limited Liability Company (A Florida Limited Lia	es & Consta	uction	, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company) 9-21	6-17	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000199284</u> .	vere filed on	<del>5-17</del>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile  COX Homes & Cox  The new name must be distinguishable and contain the words "Limited Liabili	lity company here:  VS+CVC+10N  Ity Company." the designation	LLC "f.l.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			77
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our re e:	ecords, enter th	me name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		Joseph day
I hereby accept the appointment as registered agent and agree 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.	perjormance of no an provided for in Chapte.	r 605, F.S. Or. i	f this document is
H Chi	anging Registered Agent, <u>Si</u>	gnature of New Res	ristered 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>	Address	Type of Action
			□ Remove
			Change
<u></u>			
			Remove
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ctive date, if other than the date of filing:		_ (optional)	
effective date is listed, the date must be specific and cannot be prior to date g: If the date inserted in this block does not meet the applicable st	of filing or more than 90 d	lays after filing.) l	Pursuant to 605.03 fill not be listed
ament's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an e	effective time, at 1	2:01 a.m. o	n the earlier
ne 90th day after the record is filed.	·		
d October 5th 2017			
1 0000			

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Filing Fee: \$25.00