# Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159 : (239)777-1028 Phone

Fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: <u>SUPPORT@LICENSESE</u>TC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COOK HOMES & CONSTRUCTION LLC

Certificate of Status	1
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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	MES & CONSTRUCTION LL	.c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LISA ADAMS		
	<del></del>	Name of Person	<del></del>
	LICENSES ETC		
		Firm/Company	
	886 110TH AVE N SUITE	E 6	
		Address	
	NAPLES, FL 34108	_	
		City/State and Zip Code	-
	SUPPORT@LICENSESET		776
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	grication)
LISA ADAMS		239 777-1028	
Name (	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddres</u> Registration Division of C	Section	<u>StreetAddress:</u> Registration S Division of Co	
P.O. Box 632		The Centre of	-
Tallahassec.		2415 N. Monr	oe Street, Suite 810

(((H200001450983)))

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H200001450983)))

COOK HOMES & CONSTRUCT		ov as it now appears an our rev	ords.)	_	
(Name of the Land	(A Florida Limited I	ny a <u>y it now appears on our rev</u> Jiability Company)	, <u>, , , , , , , , , , , , , , , , , , </u>		
The Articles of Organization for this Limited Florida document number <u>L17000199284</u>	Liability Company	were filed on	and	assigned	
	·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
COOK SHELL CONTRACTORS, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation "L	LC" or the abbreviation	t "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		903 NW PINE LAKE DR.			
		STUART, FL 34994			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		903 NW PINE LAKE DR.	<u> </u>	28	
		STUART, FL 34994		<u>⇒</u>	
				<b>:</b> ► ,	
			1 . "	, α	
B. If amending the registered agent and/or		address on our records, <u>en</u>	ter the name of the	new regist	
agent and/or the new registered office addr	<u>ess nere</u> :		G		
Name of New Registered Agent: FRAN		ON COOK	401 701	<u>ာ</u>	
New Registered Office Address:	903 NW PINE	LAKE DR.			
THE PROPERTY OF THE PROPERTY O		Enter Florida street ade	lress		
	STUART	,	Florida 34994		
		City	Zip C	ode	

#### 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 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.

Frank Cook

If Changing Registered Agent, Signature of New Registered Agent

(((H20000145098 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANK AARON COOK	903 NW PINE LAKE DR.	□Add
		STUART, FL 34994	□Remose
			□Remove
			Change
			□Add
		<u> </u>	□Remove
			□Change
			🗖 Add
			Remove
			□Change
			🗀 Add
			□Remove
			Change
			□AdJ
		<del></del>	□Remove
		<del></del>	

(((11200001450983)))

	Sig	nature of a member or	authorized represe	mative of a member		
Dated	May 15th	,		Malive of a member		
ord is filed				am on the earlier of	(h) The 90th day a	fter the
Note: If	date, if other than the dat ve date is listed, the due must be the date inserted in this block 's effective date on the Depur	does not meet the ap	pplicable statutor	(0 ng or more than 90 days : y tiling requirements,	ptional) der filing ) Pursuant to ( this date will not be !	 พ.ร.บ207 ( isted as d
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Filing Fee: \$25.00