117000255531

(Requestor's Name)
((Address)
	(Address)
((City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
((Business Entity Name)
	(Document Number)
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Special Instructions	to Filing Officer:





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SECRETARY OF STAIL

T SCHROEDER

COVER LETTER

Division of Cor	porations		
Cover Dow SUBJECT:	n, LLC		
30bJEC1.	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:	
	Roger D. Stewart		
		Name of Person	
	Cover Down LLC		
	 	Firm/Company	
	3189 Wood Valley Rd		
		Address	
	Panama City, FL 32405		
		City/State and Zip Code	_
	coverdownlle@gmail.com	to be used for future annual report notifi	cution
For further information c	oncerning this matter, please c	·	Calleri
Roger D. Stewart		850 258-7815 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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:

TO:

Registration Section

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

Cover Down, LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.17000255531}{1.117000255531}$	any were filed on December 14, 2017	and assigned
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 L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	y:
	<u> </u>	9
Enter new mailing address, if applicable:		₹ 「
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the
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:

$\frac{MGR = N}{AMBR = A}$	lanager authorized Member		ع مد ،
<u>Title</u>	Name	Address	Type of Action
MGR	Ian Λ Kepran	162 Oleander Circle	
		Panama City Beach, FL 32413	■ Remove
			□ Change
		<u> </u>	□ Remove
			Clange Change
			Add Add Remove
			Change
			Remove
			Change
			D ∧dd
			Change
			□ Add
			□ Remove
			Character Character

owner. Chauncey Hofacker	and Christopher Hawkins each share 24.5	% ownership. All three members/	
partners are retired military	service members who have service conne	ected disabilities. All members/	_
partners hold equal voting ri	ghts within the entity.		_
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active data if other than th	e date of filing:	(optional)	
n effective date is listed, the date mu	st be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant to 60 by filing requirements, this date will not be list)5.02
cument's effective date on the D		y timing requirements, this date with not be he	iicu
record specifies a delaye	d offortive data, but not an offor	tive time, at 12:01 a.m. on the earl	سد:
The 90th day after the rec		ave time, at 12.01 a.m. on the ear	lei
, December 4th	2018		
ted	··		

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Typed or printed name of signee

Filing Fee: \$25.00