

LI 80000 43237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

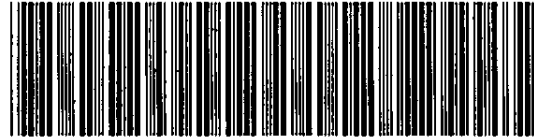
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300310433643

A

03/16/18--01018--008 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAR 16 PM 4:58

N. CAUSSEAU

MAR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. O. LLC (formerly Courtney D. 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:

ROBERT T HUDSON CPA
Name of Person

ROBERT HUDSON CPA LLC
Firm/Company

308 N MAIN ST
Address

ATMORE AL 36502
City/State and Zip Code

runr7@frontiernet.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT HUDSON at (251) 368-5730
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**

C. O. LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 MAR 16 PM 4:58

The Articles of Organization for this Limited Liability Company were filed on 2/16/18 and assigned

Florida document number L 18000043237

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 "LLC."

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>
mgr	Caleb D Dortch	7801 Jones Rd	<input checked="" type="checkbox"/> Add
		WALNUT HILL FL 32568	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Courtney D Dortch	7801 Jones Rd	<input type="checkbox"/> Add
		WALNUT HILL FL 32568	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF CORPORATION
DIVISION
2018 MAR 16 PM 4:35

2018 MAR 16 PM 4:37

FILED
SECRETARY OF DEFENSE
DIVISION OF INFORMATION
2018 MAR 15 PM 4:59

2/16/18

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 13 2018

Signature of a member or authorized representative of a member

ROBERT T. HASON
Typed or printed name of signer