

48000065742

(Requestor's Name)

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(Address)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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SEP 29 1977  
T. SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEDGECOCK, 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:

PIOTR CZAJKOWSKI

Name of Person

Ledgecock LLC

Firm/Company

14219 WALSINGHAM ROAD

Address

LARGO, FL 33774

City/State and Zip Code

PETECZ13@YAHOO.COM

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

For further information concerning this matter, please call:

PIOTR CZAJKOWSKI

727- 351-5782  
at ( )

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**

LEDGECOCK, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/13/18 and assigned  
Florida document number L18000065742.

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)**

14219 WALSLINGHAM ROAD

LARGO, FL 33774

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

14219 WALSLINGHAM ROAD

LARGO, FL 33774

**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:

14219 WALSLINGHAM ROAD

*Enter Florida street address*

LARGO

*City*

Florida 33774

*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	SAMANTHA R. OSTRANDER	2720 SR 590	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GLENN R. SUTCH	7010 LAKE NONA BLVD. #541	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK D. HICKS	3169 S.W. 50TH ST.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<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

SEP 19 19:30  
CALL CENTER  
19 SEP 19 PM 7:30  
ADD  
REMOVE  
CHANGE

FILED  
19 SEP 16 PM 1:30  
ST. ALBANS DISTRICT  
VAIL AIRPORT, VT 05478

FILED  
19 SEP 16 PM 1:30  
SHAWNEE COUNTY DISTRICT CLERK  
WALLACE, WYOMING

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or author

Signature of a member or authorized representative of a member

Typed or printed name of signee