

218 0000 68294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

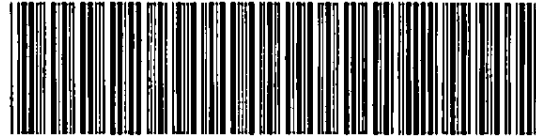
(Business Entity Name)

(Document Number)

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2022 MAR 23 PM 7:19  
CLERK OF COURT  
CLERK OF COURT

O SIMMONS

MAR 24 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR 23 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FL

March 11, 2022

CORAL GIBSON  
5089 W C 48  
BUSHNELL, FL 33513

SUBJECT: CHARLES SCHOSSLER JR LLC  
Ref. Number: L18000068294

We have received your document for CHARLES SCHOSSLER JR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

REGISTERED AGENT INFORMATION IS NOT THE SAME AS STATED ON FORM. PLEASE LIST CHANGES TO BE MADE ON PAGE 2 OF THE FORM FOR MEMBERS/OFFICERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 222A00005881

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Charles schossler JR 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:

Coral Gibson/Baughman  
Name of Person

\_\_\_\_\_  
Firm/Company

5089 W C 48  
Address

Bushnell, FL, 33513  
City/State and Zip Code

CharlesSchosslerJrLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coral Gibson/Baughman at 352 492-2282  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Charles Schosler JR LLC

2022 MAR 23 PM 7:19

(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 3/15/2018 and assigned  
Florida document number L18000068294.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CSJ Remodeling LLC

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)

**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:

Coral Gibson

New Registered Office Address:

5089 W C 48

Enter Florida street address

Bushnell

City

Florida

33513

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.*

Coral Gibson

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered Agent's <sup>Sec</sup>Last Name was  
Baughman Now Divorced Needs  
to go back TO Gibson.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated 2/23/22, \_\_\_\_\_

Coral Gibson

Signature of a member or authorized representative of a member

Coral Gibson

Typed or printed name of signee