L 18 000 145579

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certifica copies
Special Instructions to Filing Officer:

Office Use Only



200327835302

200327835302 04/12/19--01027--021 ++25.00

2019 APR 12 PM 3: 08

APPROVLU AHO FILED

1.0.10/b

COVER LETTER

	tion Section of Corporations	
Cour	rtney Coogle, LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Name of Person	— ₂₅
	Hale and Doerr	APP BIORE SAPR
	Firm/Company 913 Gulf Breeze Pkwy, Suite 4	APPROVED THE PH SECOND
	Address Gulf Breeze, FL 32561	3: 08
	City/State and Zip Code info@haledoerr.com	
For further inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	
Heather Doerr	850 934-4288 at ()	
	Name of Person Area Code Daytime Telephone Nu	mber
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Cert (additional copy is enclosed) Certified Copy	0 Filing Fee. ificate of Status & ified Copy tional 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

Courtney Coogle, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000145579</u>	were filed on 06/13/2018 and assigned	j
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	
Courtney Coogle Bedell LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	1166 Harrison Ave. Gulf Breeze FL 32563	
Enter new mailing address, if applicable:	1166 Harrison Ave. 884 72 72	APP
(Mailing address MAY BE A POST OFFICE BOX)	Gulf Breeze, FL 31563 = 50	OVEU
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		<u>ie ne</u>
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>	Address	Type of Action
			□ Remove
			☐ Change
			Remove
			Change
			Change AP
			APPROVED APPROVED
			E S S S S S S S S S S S S S S S S S S S
	_		☐ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			□ Change
			Add
		<u> 200000.</u>	□ Remove
			Change

		*** **********************************
		2019 #PR
		TO TO THE PERSON OF THE PERSON
	,	2 E
-		70 3
· · · · · ·		7.5. 3. 8
ective date, if other than the	date of filing:	(optional)
i effective date is listed, the date mu	st be specific and cannot be prior to date of filit lock does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.020 by filing requirements, this date will not be listed a
record specifies a delaye he 90th day after the rec		tive time, at 12:01 a.m. on the earlier o
March 25th	2019	
Coul	Signifure of a member or authorized represe	entative of a member
	Signature of a member of authorized represe	A i

Page 3 of 3

Filing Fee: \$25.00