118000175508

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILED 18 SEP 19 PM 2: 31

SEP 2 4 2018



September 8, 2018

CHRISTOPHER HASSMAN 1425 NW 26TH PL CAPE CORAL, FL 33993

SUBJECT: C&S DEVELOPMENT FLORIDA, LLC

Ref. Number: L18000175508

We have received your document for C&S DEVELOPMENT FLORIDA, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00018627

Octavia L Simmons Regulatory Specialist III

EP 19 1411:29

COVER LETTER

Division of Cor	porations		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christopher Hass	man	
		Name of Person	
	C&S Deve	lopment Florida, LLC	
	-	Firm/Company	
	1425 NW	26th Place	
		Address	
	Cape Coral, F	1. 33993	
		City/State and Zip Code	
	_	csdevelopmentflorida.com	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Christopher Hassman	-	at (817) 8176-5806	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	opment Florida, LLC		
(Name of the Limite	I Liability Company as it now app A Florida Limited Liability Company	cars on our records.)	
he Articles of Organization for this Limited Lia	bility Company were filed on _	July, 19th 2018	and assigned
lorida document numberL18000175508	 -		
his amendment is submitted to amend the follow	wing:		,
. If amending name, enter the new name of	the limited liability company	here:	
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applica	ble:		6
Principal office address MUST BE A STREET	ADDRESS)		5 8 7
			- T
			P O
nter new mailing address, if applicable:		 	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/o egistered agent and/or the new registered off	4.	on our records, enter	the name of the
Name of New Registered Agent:	Stacey Hassman		
New Registered Office Address:	1425 NW 26th Place		
New Registered Office Address.	Enter I	Florida street address	
	Cape Coral	, Florida	33993
	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

ii 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

Type of Action Address Title <u>Name</u> MER CHRISTOPHEN HASSIMAL _□ Add ☐ Remove ☐ Change -Change ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add _□ Remove _ Change

					
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Effective date, if of	ther than the date of fi	ling:		(optional)	~ 605 0 2 0
Note: If the date ins	serted in this block does n	ot meet the applicabl	e statutory filing require	days after filing.) Pursuant t ments, this date will not be	listed a
document's effective	e date on the Department	of State's records.			
he record specific	es a delaved effectiv	re date, but not a	n effective time. at	12:01 a.m. on the e	arlier d
The 90th day a	after the record is file	ed.	. ,		
a /	11/10				
Dated	16/18	_·			
	Stames	Ann	Wallen -	_	
	Signature of	of a member or authoriz	ed representative of a mem	ber	<u>. </u>
	<i>y</i>				

Page 3 of 3

Filing Fee: \$25.00