(Re	equestor's Name)	
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(Document Number)		
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	Coram Dec	Properties, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Bonnie Wilson		
		Name of Person	(
	Coram Deo Properties, Ll	LC	
		Firm/Company	
	3252 Cross Bill Road		
		Address	
	Louisville, Kentucky 402	13	
		City/State and Zip Code	
	elliotsgram@yahoo.com		
	E-mail address: (to be used for future annual report no	etification)
For further information	concerning this matter, please c	all:	
Bonnie Wilson		502 727-1280 at ()	
Name	of Person	Area Code Dayti	me 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coram Deo Properties, LLC		<u> </u>
(<u>Name of the Limite</u>	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>is.</u>)
the Articles of Organization for this Limited Lie		and assigned
lorida document numberL18000190590	<u> </u>	
his amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "LLC	or the abbreviates "L.L.C."
nter new principal offices address, if applica	ıble:	
Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
		(r) = = = = = = = = = = = = = = = = = = =
		<u> </u>
inter new mailing address, if applicable:		FA 2
Mailing address MAY BE A POST OFFICE I	<u></u>	
		<u></u>
. If amending the registered agent and/or regent and/or the new registered office addres	egistered office address on our records, <u>enter</u> <u>s here</u> :	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		lorida
	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>	Type of Action
MGR	Ted H. Wilson		□Add
			Remove
			≣Change
MGR	Bonnie L. Wilson		
			Remove
			■ Change
AMBR	Ted H. Wilson		∃ Add
			□Remove
		☐ Change	
AMBR	Bonnie L. Wilson		200 JAN
			GATRomovo
			PAChange 28
			□Add
			□Change
			
			□Remove
			□Change

Page 2 of 3

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(If an ef Note:	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlies 90th day after the record is filed.	er of:
Dated	1/28/2626, Julion Signature of a member or authorized representative of a member	
	Bonnie L. Wilson	
	Typed or printed name of signee	