

L18000206309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

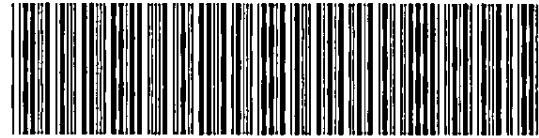
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SIMMONS
DEC 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2018

EVELYN NOEL
3711 TROUT RIVER BLVD
JACKSONVILLE, FL 32208

SUBJECT: C3 INVESTIGATION SERVICES LLC
Ref. Number: L18000206309

We have received your document for C3 INVESTIGATION SERVICES 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 518A00024583

2018 DEC 11 PM 12:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C3 Investigation Services 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:

Evelyn Noel

Name of Person

Evelyn Noel Accounting

Firm/Company

3711 Trout River Blvd

Address

Jacksonville Florida 32208

City/State and Zip Code

Enoel0198@aol.com

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

For further information concerning this matter, please call:

Evelyn Noel

904 768-6486
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

TO
ARTICLES OF ORGANIZATION
OF

C3 Investigation Services, 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 August 28, 2018 and assigned Florida document number L18000206309.

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)

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: Richelle Starling

New Registered Office Address: 3711 Trout River Blvd
Enter Florida street address

Jacksonville, Florida 32208
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.

Richelle Starling
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richelle Starling	PO BOX 933	<input checked="" type="checkbox"/> Add
		Macclenny, Florida 32063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richelle Starling	PO Box 933	<input checked="" type="checkbox"/> Add
		Macclenny, Florida 32063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Richelle Starling	PO Box 933	<input checked="" type="checkbox"/> Add
		Macclenny, Florida 32063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Richelle Starling	PO Box 933	<input checked="" type="checkbox"/> Add
		Macclenny, Florida 32063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Eveiyln Noel	3711 Trout River Blvd	<input type="checkbox"/> Add
		Jacksonville, Florida 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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13 DEC 14 PM 3:05

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 November 14, 2018

Richelle Starling
Signature of a member or authorized representative of a member

Richelle Starling
Typed or printed name of signee