

L18 000 246 001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

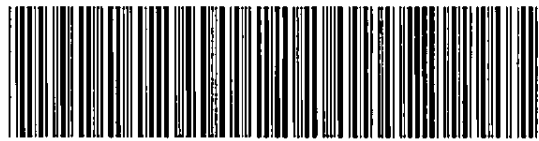
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

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STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue line Fence and Outdoor 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:

Richard R Smith
Name of Person

Blue line Fence
Firm/Company

1536 Big Sky Way
Address

Tallahassee FL, 32317
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard Smith at 859 728 9047
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**

Blue line Fence and outdoor 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 _____ and assigned
Florida document number L18000246001

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)

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CLERK OF STATE
TALLAHASSEE, FL

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: _____

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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 8 _____, _____

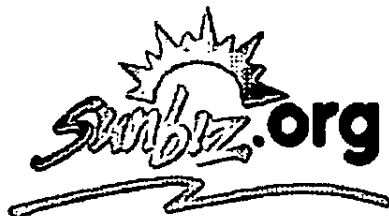
Phy. Eng.

Signature of a member or authorized representative of a member

Richard Ryan Smith
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00



DIVISION of
CORPORATIONS
an official State of Florida website

(<https://dos.myflorida.com/sunbiz/>)

Update the Entity's Current Email Address, FEIN, and Address

(See link below for Registered Agent and Registered Office change forms and fees)

Name of Business Entity:

Capital Medical and SURgical, Inc

Florida Department of State Document/Registration Number:

P03000026451

Please provide an email so Sunbiz can contact you if needed:

kmiller@cmsidirect.com

If changing entity's email address, enter new email address:

If adding or changing Federal Employer Identification Number (FEIN), enter new FEIN:

If changing entity's principal office address, enter new street address (P.O. Box IS NOT acceptable)

Principal Address:

Street Address:

City:

State:

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2024 SEP -4 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

9/4/24, PM

Update the Entity's Current Email Address, FEIN, and Address Change - Sunbiz Forms

Zip Code:

If changing entity's mailing address, enter new mailing address (P.O. Box IS acceptable)

Mailing Address:

Street Address:

eddeoten Path 9/3/2024

2028 North Point Blvd

City:

Tallahassee

State:

FL

Zip Code:

32308

To change the registered agent, registered office, entity name or any other information, click here
(<https://dos.myflorida.com/sunbiz/forms/>) for appropriate form, instructions, and fee.



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Eddeoten Path, V.P.
9/4/2024
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Ron DeSantis, Governor

Cord Byrd, Secretary of State

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