

L19 0000 11396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

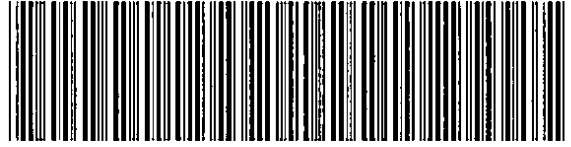
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2024 DEC 16 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CD FLYERS 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:

W SCOTT SEAGRAVE

Name of Person

THE SEAGRAVE LAW OFFICE, PLLC

Firm/Company

100 CESSNA BLVD STE 1A

Address

PORT ORANGE, FL 32128

City/State and Zip Code

SCOTT@SEAGRAVELAWOFFICE.COM

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

For further information concerning this matter, please call:

W SCOTT SEAGRAVE

Name of Person

at (386) 478-7202

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**

CD FLYERS 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 01/09/2019 and assigned
Florida document number L19000011396.

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)

13444 SUNSET MEADOWS LN

ST LOUIS, MO 63128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13444 SUNSET MEADOWS LN

ST LOUIS, MO 63128

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:

THE SEAGRAVE LAW OFFICE, PLLC

New Registered Office Address:

100 CESSNA BLVD STE 1A

Enter Florida street address

PORT ORANGE

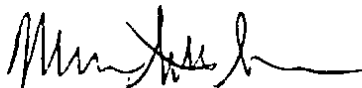
City

Florida 32128

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>	<u>Type of Action</u>
MGR	JUDY HOWARD	2025 KING AIR CT	<input type="checkbox"/> Add
		PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEAN HOWARD	2025 KING AIR CT	<input type="checkbox"/> Add
		PORT ORANGE, FL 32128	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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) **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.

Dated December 7, 2024.

Signature of a member

Signature of a member or authorized representative of a member

John G Beck

Typed or printed name of signee

Filing Fee: \$25.00