

L19000 102632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

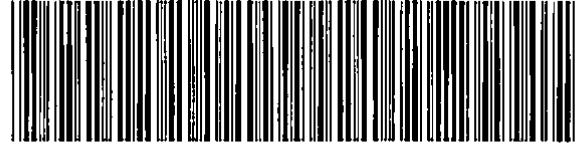
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FILED
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DIVISION OF CORPORATIONS
19 AUG 30 PM 2:43

LLC
All end.
9/3/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2019

SHARON LACEY
1293 NORTH UNIVERSITY DR
#228
CORAL SPRINGS, FL 33071

SUBJECT: CHARLIE MOUNT LLC
Ref. Number: L19000102632

RECEIVED
2019 AUG 30 PM 11:46

We have received your document for CHARLIE MOUNT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign, date and type/print your name in the spaces provided.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00017207

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charlie Mount 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:

Sharon Lacey
Name of Person

Firm/Company

1293 North University Dr
Address

#228 Coral Springs 33071
City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon Lacey at (154) 630-6026
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

19 AUG 30 PM 2:43
DIVISION OF CORPORATION
SECRETARY OF STATE

Charlie Mount, 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 April 15th 2019 and assigned Florida document number L19000102632.

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)

111 North Pine Island Rd
Suite 103
Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1293 North University Drive
228
Coral Springs, FL 33071

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mark C. Johnson

New Registered Office Address:

111 N. Pine Island Rd. #103

Enter Florida street address

Plantation

City


Florida

33324

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.


Mark C. Johnson
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>
<u>AMBR</u>	<u>Sharon Lacey</u>	<u>1293 North University Dr</u>	<input checked="" type="checkbox"/> Add
		<u># 228</u>	<input type="checkbox"/> Remove
		<u>Coral Springs, FL 33071</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Shawlene Lacey</u>	<u>1293 North University Dr</u>	<input checked="" type="checkbox"/> Add
		<u># 228</u>	<input checked="" type="checkbox"/> Remove
		<u>Coral Springs, FL 33071</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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.

(b) The 90th day after the record is filed.

Shan

Sharon Lacey

Typed or printed name of signee