

L19000151577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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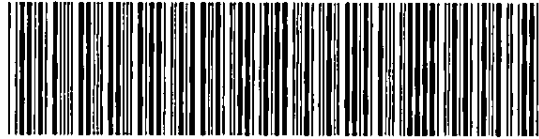
(Business Entity Name)

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DIVISION OF CORPORATIONS
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Y. SCOTT
OCT - 7 2023

TIMOTHY J. COTTER, P.A.

Timothy J. Cotter, Esq.
599 Ninth Street North
Suite 313
Naples, Florida 34102-5627
(239) 435-0111 phone
(239) 435-0300 fax
Email: Tim@TimothyJCotter.com
Website: www.TimothyJCotter.com

September 20, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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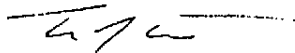
Re: Solemate Shoe Repair, LLC / Amendment

To whom it may concern:

Enclosed please find the Cover Letter, Articles of Amendment, check made payable to Florida Department of State in the amount of \$25.00 and a pre-stamped return envelope. After filing, please return the filed amendment to our office.

Should you have any questions, please contact our office at the above address.

Sincerely,



Timothy J. Cotter, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLEMATE SHOE REPAIR 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:

Timothy J. Cotter

Name of Person

Timothy J. Cotter, P.A.

Firm/Company

599 9th Street North #313

Address

Naples, FL 34102

City/State and Zip Code

Tim@TiimothyJCotter.com

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

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For further information concerning this matter, please call:

Timothy J. Cotter

239 435-0111

at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 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**

SOLEMATE SHOE REPAIR 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 06/07/2019 and assigned
Florida document number L19000151577.

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:

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

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	Keith Nicely	12995 S. Cleveland Ave.	<input type="checkbox"/> Add
		Unit 136	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33907	<input type="checkbox"/> Change
MGR	Elmer Keith Nicely III	12995 S. Cleveland Ave.	<input checked="" type="checkbox"/> Add
		Unit 136	<input type="checkbox"/> Remove
		Fort Myers, FL 33907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF CORPORATIONS
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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 September 7, 2023


Signature of a member or authorized representative of a member

Timothy J. Cotter

Typed or printed name of signee

Filing Fee: \$25.00