

L19 000214 798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

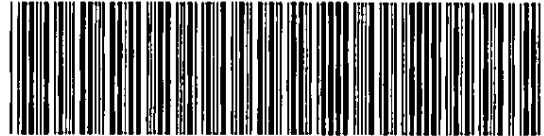
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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12/30/19--01024--009 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB 21 PM 2:14

Amend/name change

MAR 04 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Christopher Michael 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:

Christopher Scoppettone
Name of Person

Firm/Company

4301 Martinique Circle MI
Address

Cocoa Creek, FL 33066
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Scoppettone at (954) 240 8306
Name of Person Area Code Daytime Telephone Number

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

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2020

CHRISTOPHER SCOPPETTON
COMPASS
4301 MARTINIQUE CIRCLE, APT M1
COCONUT CREEK, FL 33066

SUBJECT: CHRISTOPHER MICHAEL LLC
Ref. Number: L19000214798

We have received your document for CHRISTOPHER MICHAEL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00002477

2020 FEB 03 1:28

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

Christopher Michael 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 8/22/19 and assigned
Florida document number L19000214798.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Christopher Michael Scopettone LLC
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)

4301 Martinique Circle M1
Coconut Creek, FL 33066

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4301 Martinique Circle M1
Coconut Creek, FL 33066

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:

4301 Martinique Circle M1
Enter Florida street address
Coconut Creek, Florida 33066
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

FILED
SECRETARY OF STATE
20 FEB 21 PM 2:14
TALLAHASSEE, FLORIDA

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>
AMBR	Christopher Scappettone	4301 Martinique Circle M1	<input type="checkbox"/> Add
		Crescent Creek, FL 33066	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<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)

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.

Signature of a member or authorized representative of a member

Christopher Scappetone
Typed or printed name of signed

Filing Fee: \$25.00