# L20 000 124 672

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only S.C.



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05/17/21--01011--031 \*\*60.00



To Whom It May Concern,

I'm a bit embarrassed. I accidentally wrote the wrong EIN number into my Annual Report which I filed online on Friday, April 30th. The EIN number I previously entered by accident was for the business that I closed in April of 2021 (Paws & Relax Loungewear LLC). I am hoping the attached form will amend my Annual Report information with the correct EIN number for my existing business which I initially intended to file for: Cortney Wall Fine Art LLC.

Thank you for helping me process this correctly. :)

On a separate note, I have to say that I love our governor and am so grateful to be living in Florida especially throughout this past year. There's no other place I'd rather be.

All My Best,

Cortney Wall

5/3/2021

Date

 $A \equiv$ 

Cortney Wall Fine Art

940 Sweetwater Lane, #418 Boca Raton, FI 33431 (551) 804-8257

artist.cortneywall@gmail.com

www.cortneywall.com (live painting)

www.cortneywallfineart.com (store)

# **COVER LETTER**

	ion Section of Corporations		
	ney Wall Fine Art LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Art	les of Amendment and fee(s) are submitted for filing.		
Please return all o	rrespondence concerning this matter to the following:		
	Cortney Wall		
	Name of Person		
	Cortney Wall Fine Art		
	Firm/Company		
	940 Sweetwater Lane, Apt. 418		
	Address		
	Boca Raton, Fl		
	City/State and Zip Code		
	artist.cortneywall@gmail.com  E-mail address: (to be used for future annual report notification)		"
For further inform	ation concerning this matter, please call:	AVII 1707.	
Cortney Wall	(551) 804-8257 at ( )		
	Name of Person Area Code Daytime Telephone Number	 ≥ = フ	!
Enclosed is a che	s for the following amount:	: 24	
□ \$25.00 Filing	Fee \$\Bigcup \\$30.00  Filing Fee & Book Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &	
<u>Mailing</u> Registr	address: Street Address: tion Section Registration Section		

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

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited I	liability Company were filed on	04/30/2021	_ and assigned
lorida document number L20000124672	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE			
- may a vijike water in the second se			
			Mis
Enter new mailing address, if applicable:		78	$\bigcirc$
		-:	
Mailing address MAY BE A POST OFFICE		<del></del>	<u> </u>
	<del></del>		
B. If amending the registered agent and/or	registered office address on o	ur records, enter the name o	; of the new regi
agent and/or the new registered office addre			
		24	
Name of New Registered Agent:	Cortney Wall		
New Registered Office Address:	940 Sweetwater Lane, Apt. 4	8	
	Enter	Florida street address	
	Boca Raton	, Florida <u>3343</u>	į
	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>	Address	Type of Action
			Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			— □Add -
			D Remove
			~ □Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

Laccidentally wrote in the wrong EIN number when I filed my anual re	eport on 04/30/2021. The EIN number
Lentered was for my business that Lelosed in April 2021 (Paws & Rela	ax Loungewear LLC).
Please update the EIN number to the following number that correspond	ds with CORTNEY WALL FINE ART LLC:
EIN: 85-1079553	
Thank you!	
	<del></del>
	222
05/03/2021	
effective date, if other than the date of filing:  on 0.30.32021  effective date is listed, the date must be specific and cannot be prior to date of filing:  If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after
d	

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000124672

Entity Name: CORTNEY WALL FINE ART LLC

**FILED** Apr 30, 2021 Secretary of State 8757016183CC

#### **Current Principal Place of Business:**

940 SWEETWATER LANE **UNIT 418** BOCA RATON, FL 33431

#### **Current Mailing Address:**

940 SWEETWATER LANE **UNIT 418** BOCA RATON, FL 33431

FEI Number: 84-3443181

Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

WALL, CORTNEY M 940 SWEETWATER LANE APT. 418 BOCA RATON, FL. 334317126 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORTNEY WALL

04/30/2021

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title

CEO

Name

WALL, CORTNEY

Address

940 SWEETWATER LANE UNIT 418

City-State-Zip: BOCA RATON FL 33431

791 PA 11: 24

Ebereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statistics; and that my name appears above, or on an attachment with all other like empowered.