

L20 000192731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

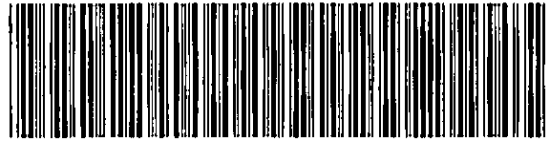
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY FILE
TALL/MASSCO, FL

D. BRUCE
OCT 28 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cimmins Enterprises, 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:

GREGORY C CUMMINS JR

Name of Person

Cimmins Enterprises, LLC.

Firm/Company

5401 WEST KENNEDY BLVD

Address

SUITE 100

City/State and Zip Code

TAMPA FL 33609

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

For further information concerning this matter, please call:

GREGORY C CUMMINS JR

407

779-1092

at (_____) _____

Name of Person

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

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TALLAHASSEE, FL

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

Cimmins Enterprises, 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 July 07, 2020 and assigned
Florida document number L20000192731.

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)

5401 WEST KENNEDY BLVD

SUITE 100

TAMPA FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 WEST KENNEDY BLVD

SUITE 100

TAMPA FL 33609

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:

5401 WEST KENNEDY BLVD

Enter Florida street address

TAMPA

City

Florida

33609

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>
AMBR	GREGORY C CUMMINS JR	729 PINCON LANE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRET
NO RELEASE
DATE 11-11-83
BY 111111

2020 SEP 21 AM 11
FBI
TALLAHASSEE


2020 SEP 21 AM 11:40
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FL

57

SEPTEMBER 17, 2020

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 17th 2020

 Signa

Signature of a member or authorized representative of a member

GREGORY C CUMMINS JR

Typed or printed name of signee

Filing Fee: \$25.00