

121000150695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

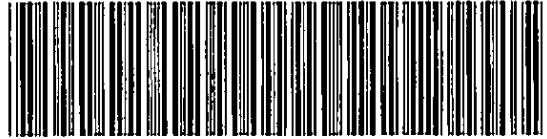
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21 APR 15 PM 12:23

FILED  
APR 15 2021  
FBI - TAMPA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Freelance Photography By Coy  
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:

Coy Sheffield  
Name of Person

Freelance Photography By Coy  
Firm/Company

621 S.W. Sargen ave.  
Address

Port Saint Lucie Fl.  
City/State and Zip Code

Coyl - Sheffield @ BellSouth . net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coy Sheffield at ( 772 ) 418 9968  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

Freelance Photography by C  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

APR 15 PM 12:23

The Articles of Organization for this Limited Liability Company were filed on 03/31/2021 and assigned Florida document number L 21000150695

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.*

Soy Lee Sheffield  
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change from manager to authorized member, please  
21 APR 15 PM 1:23 R

E. Effective date, if other than the date of filing: 4/12/2021 (optional)

(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)

**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.

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.

Dated 4/12/2021

Goy Sheffield

Signature of a member or authorized representative of a member

Coy Sheffield

Typed or printed name of signer



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## Detail by Entity Name

Florida Limited Liability Company  
FREELANCE PHOTTOGRAPHY BY COY LLC

### Filing Information

**Document Number** L21000150695  
**FEI/EIN Number** NONE  
**Date Filed** 03/31/2021  
**Effective Date** 03/31/2021  
**State** FL  
**Status** ACTIVE

### Principal Address

621 S.W.SARAZEN AVE  
PORT SAINT LUCIE, FL 34953

### Mailing Address

621 S.W.SARAZEN AVE  
PORT SAINT LUCIE, FL 34953

### Registered Agent Name & Address

SHEFFIELD, COY L  
621 S.W.SARAZEN AVE  
PORT SAINT LUCIE, FL 34953

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

SHEFFIELD, COY  
621 S.W.SARAZEN AVE  
PORT SAINT LUCIE, FL 34953 UN

### Annual Reports

**No Annual Reports Filed**

### Document Images

03/31/2021 -- Florida Limited Liability

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