

L21000157264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

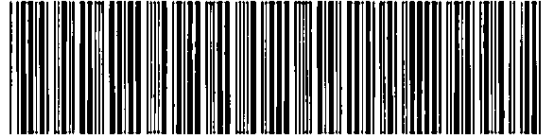
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100393323401

LLC Amend

09/28/22--01005--016 \*\*60.00

RECEIVED

2022 SEP 28 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2022 SEP 28 PM 12:56

A. RAMSEY  
SEP 28 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cornerstone Restoration Limited Liability Company  
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:

Jeremiah L. Couch  
Name of Person

Firm/Company

3859 Grandline Way Apt. #1205  
Address

Casselberry, FL 32707  
City/State and Zip Code

couchj78@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremiah L. Couch at (816) 789-9700  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED

2022 SEP 28 PM 12:56

Cornerstone Restoration Limited Liability Company

(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 April 5<sup>th</sup> 2021 and assigned  
Florida document number L21000157264.

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)

2950 Halcyon Lane

Suite 706

Jacksonville, FL 32223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 Halcyon Lane

Suite 706

Jacksonville, FL 32223

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:

Jeremiah L. Couch

New Registered Office Address:

3859 Grandview Way Apt. #205

Enter Florida street address

Casselberry

City

Florida

32707

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	Lisa Cimaroli	1734 Shoreview Dr. West	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jeveliah Couch	3859 Grandpine Way	<input checked="" type="checkbox"/> Add
		Apt. #1205	<input type="checkbox"/> Remove
		Casselberry, FL 32707	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.

Sept 27, 27, 22

Sept 27, 1932  
Lisa C. C. C. C.  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member:

Lisa Ann Cimarelli

Typed or printed name of signee

**Filing Fee: \$25.00**