

121000269004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

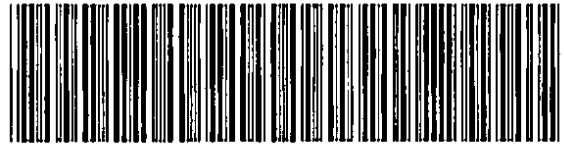
(Business Entity Name)

(Document Number)

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06/14/21--01021--002 **25.00

FILED
2021 JUN 14 PM 2:56
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: C & R SALES OF NORTHEAST FLORIDA, 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:

Alex Reed

Name of Person

C & R SALES OF NORTHEAST FLORIDA, LLC

Firm/Company

405 GOLFWAY WEST DRIVE, STE 103D

Address

ST AUGUSTINE, FL 32095

City/State and Zip Code

alex@rnefl.com

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

For further information concerning this matter, please call:

Alex Reed

Name of Person

at (904)

Area Code

328-7333

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

C & R SALES OF NORTHEAST FLORIDA, LLC

The Articles of Organization for this Limited Liability Company were filed on 06/09/2021 and assigned Florida document number L21000269004.

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."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

Alex Reed

New Registered Office Address:

72 Kirkside Avenue

Enter Florida street address

St Augustine

Florida 32095

Cin'

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	David T Reed	638 Athens Dr	<input type="checkbox"/> Add
		St Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David T Copp	638 Athens Dr	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TELEPHONE
2021 JUN 14 PM 2:56
FLORIDA

2021 JUN 14 PM 2:56
TALLAHASSEE, FLORIDA

PAID
2021 JUN 14 PM 2:56
GALLIAPOLIS, FLORIDA

(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)

Dated June 10 2021

Typed or printed name of signee