

121000316405

(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

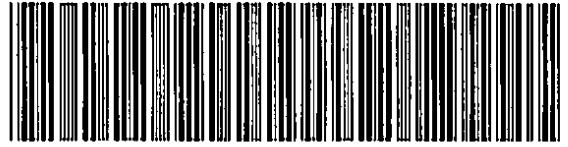
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 NOV 19 PM 1:29

T. MATTHEWS

DEC - 1 2021



2021 NOV 19 AM 1:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2021

DORRIE COIT
31105 PARADISE COMMONS #512
FERNANDINA BEACH, FL 32034

SUBJECT: D. COIT TRANSACTION SERVICES, LLC.
Ref. Number: L21000316405

We have received your document for D. COIT TRANSACTION SERVICES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00026454

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D. Coit Transaction Services, LLC
Name of Limited Liability Company

Enclosed: Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

DORRIE COIT
Name of Person

D. Coit Transaction Services, LLC.
Name/Company

31105 Paradise Commons #512
Address

Fernandina Beach, FL 32034
City, State and Zip Code

dorrie.coit@gmail.com
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

DORRIE COIT at 904 874-3180
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

OF
D. Colt Transaction Services, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
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21 Nov 10 PM 1:30

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	DORRIE COIT	31105 Paradise Commons #512	<input checked="" type="checkbox"/> Add
		Fernandina Beach, Fl.	<input type="checkbox"/> Remove
		32034	<input type="checkbox"/> Change

AMBR	DORRIE COIT	31105 Paradise Commons #512	<input checked="" type="checkbox"/> Add
		Fernandina Beach, Fl.	<input type="checkbox"/> Remove
		32034	<input type="checkbox"/> Change

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

21 NOV 16 PM 1:30

E. Effective date, if other than the date of filing: _____ (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:
(i) The 90th day after the record is filed.

Dated 11/4 (November 4) 2021



Signature of a member or authorized representative of a member

DORRIE COIT

Typed or printed name of signer