

L21000326938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

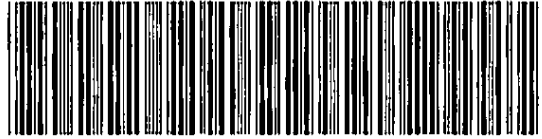
(Document Number)

Certified Copies _____ Certificates of Status _____

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9/30/21
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09/07/21--01026--004 \$25.00

21 SEP 27 AM 10:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2021

CHARLES ROSEN
9258 WEDGEWOOD LANE
TAMARAC, FL 33321

SUBJECT: C & O SERVICES, LLC
Ref. Number: L21000326938

We have received your document for C & O 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: 821A00022352

COVER LETTER

TO: Registration Section
Division of Corporations

C & O Services, LLC.

SUBJECT: _____
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:

Charles Rosen

Name of Person

C & O Services, LLC.

Firm/Company

9258 Wedgewood lane

Address

Tamarae FL 33321

City/State and Zip Code

Charherosen0523@gmail.com

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

For further information concerning this matter, please call:

Charles Rosen

954

860 9492

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

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

C & O Services, LLC

21 SEP 27 AM 10:53

(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 8-16-2021 and assigned
Florida document number 87-1976288.

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)

9258 Wedgewood Lane

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9258 Wedgewood Lane Tamarac
FL 33321

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:

Charles Rosen

New Registered Office Address:

9258 Wedgewood Ln

Enter Florida street address

Tamarac

Florida

33321

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.

If Changing Registered Agent, Signature of New Registered Agent

21 SEP 27 AM 10:53

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

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 the date of filing or more than 90 days after filing of a substantive case.

Note: If the date inserted in this block does not meet the applicable statutory filing requirement, this date will not be listed as the document's effective date on the Department's or 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 (a) the 90th day after the record is filed

Dated 27 Sep 2012

[Signature]

Signature of a member of a authorized representative of an employer

[Signature]

Typed or printed name of agent

Filing Fee: \$25.00