

L21 000 421 443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

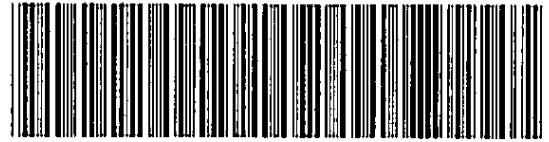
(Business Entity Name)

(Document Number)

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

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09/20/22--01007--007 \*\*25.00

22 SEP 20 AM 9:00

RECEIVED  
FILING OFFICE  
SEP 22 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COTABNJ HOME IMPROVEMENT 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:

CLIVE BROWN

Name of Person

COTABNJ HOME IMPROVEMENT LLC

Firm/Company

2255 SE VETERANS MEMORIAL PKWY, UNIT 7690

Address

PORT ST LUCIE, FL 34985

City/State and Zip Code

COTABNJ2018@YAHOO.COM

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

For further information concerning this matter, please call:

LERSSIEE MORALES

786 484-5639  
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

22 SEP 20 AM 9:00

SECTION OF CORPORATIONS

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

COTABNI HOME IMPROVEMENT LLC

(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 04/25/2022 and assigned  
Florida document number 1.21000421443.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

2255 SE VETERANS MEMORIAL PKWY, UNIT 7690

PORT ST LUCIE, FL 34985

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2255 SE VETERANS MEMORIAL PKWY, UNIT 7690

PORT ST LUCIE, FL 34985

**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:

N/A

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.*

25 SEP 20 AM 9:00

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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>
PRESIDENT	CLIVE BROWN	2255 SE VETERANS MEMORIAL PKWY, UNIT 766	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34985	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

22 SEP 20 AM 9:00  
DIVISION OF CHILDREN & YOUTH

22 SEP 20 AM 9:00


22 SEP 20 AM 9:00

1990

(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.

2022

  
Signature of a member or authorized representative of a member

Typed or printed name of signee