

L22000149731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

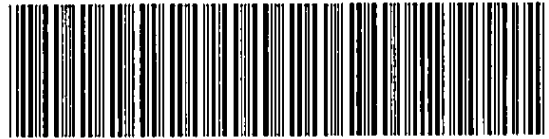
(Document Number)

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2023 FEB 24 AM 8:48

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2023 FEB 24 PM 12:03

RECEIVED

A. CUTLER
MAR - 1 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: **\$25.00**

Authorization Signature: 

Cover Six LLC L22000149731
BUSINESS NAME **DOCUMENT #**

_____ **Certified Copy of Articles of Organization**
Certificate of Status

NEW FILINGS

_____ Profit Corp
_____ Not for Profit
_____ Limited Liability
_____ Domestication
_____ Other
_____ **CORP**
_____ **LLLP**

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ APOSTILLE

Country

AMMENDMENTS

X Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution
_____ Merger
_____ Conversion
_____ Amended and restated Articles
_____ **Statement of Authority**

REGISTRATION/QUALIFICATIONS

_____ Foreign filing
_____ Limited Partnership
_____ Reinstatement
_____ Other

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cover Six LLC

(Name of the Limited Liability Company as it now appears on our records.) (A
Florida Limited Liability Company)

2023 FEB 24 AM 8:48

The Articles of Organization for this Limited Liability Company were filed on 3/28/22 and assigned

Florida document number L22000149731

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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.

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>
	MGR Vidal Sanchez.	1871 18 th ave ne naples fl 34120	X <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

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

D. 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: (b) The 90th day after the record is filed.

Dated _____,

VIDAL SANCHEZ

Signature of a member or authorized representative of a member

Vidal Sanchez _____

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cover Six 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:

Vidal Sanchez _____
Name of Person

Cover Six LLC _____
Firm/Company

1871 18th Avenue _____
Address

Naples fl 34120 _____
City/State and Zip Code

Vidal.sanchez@protonmail.com

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

For further information concerning this matter, please call:

Vidal Sanchez _____ at (_____) 239-200-5963

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: COVER SIX LLC
Ref. Number: L22000149731

We have received your document for COVER SIX 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 223A00004610

RECEIVED
2023 FEB 28 PM 4:02
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA