L23000085618

(Requestor's Name)
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COVER LETTER

	ivision of Co			
CUBIECT		AKERS HANCOCK LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		Charles C. Jones II Esq.		
			Name of Person	
		Jones, Haber and Rollings		
			Firm/Company	
		1633 SE 47th Terrace		
			Address	
		Cape Coral, Florida 33904		
			City/State and Zip Code	
		jones@joneshaberlaw.com		
For further	information o	E-mail address: (concerning this matter, please c	to be used for future annual r	eport notification)
Sharon Cir		oneoning and maner, prease o		-0700
			at ()	-0700 Daytime Telephone Number
	Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the	he following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	ailing Addres		Street Ad	
	egistration S ivision of C	Section Corporations	-	tion Section of Corporations
	O Dov 623			tes of Tallahaaaan

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 HAY -1 PH 3: 00

Corksoakers Hancock LLC		STATE	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our record ta Limited Liability Company)	E.FL	
The Articles of Organization for this Limited Liability (Company were filed on 02/16/2023	and assigned	
Florida document number L23000085618	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
CS Hancock, LLC			
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new register	
agent and of the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres	<u> </u>	
	City	orida	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, an agent as provided for in Chapter 605, red office address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is	

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> </u>	<u>Name</u>	Address	Type of Action
			🗆 🗆 Add
			□Remove
			[]Change
			□Add
			Remove
			□ Change
			🗆 Add
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2028 HAT
PM 3: 00 OF STATE SEE. FU
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g.) Pursuant to 605.0 e will not be listed
he 90th day after t

Filing Fee: \$25.00

Typed or printed name of signee