

L23000553399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

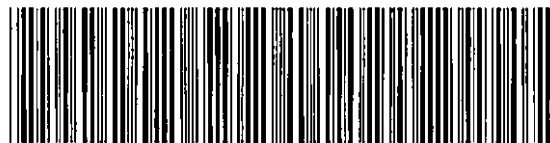
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LLC Amend

10/02/24--01009--014 *455.00

2024 NOV 18 PM 12 25
CLERK OF STATE
JULIA A. HARRIS
FILED

FILED

A. RAMSEY
NOV 18 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTRYWIDE SOLUTIONS OF FLORIDA 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:

JAMES K LANSING

Name of Person

Firm/Company

956 KINGS POST RD

Address

ROCKLEDGE, FL 32955

City/State and Zip Code

JAMES32955@ICLOUD.COM

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

or further information concerning this matter, please call:

JAMES K LANSING

Name of Person

at (321)

Area Code

720-8072

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

October 24, 2024

JAMES K LANSING
956 KINGS POST RD
ROCKLEDGE, FL 32955

SUBJECT: COUNTRYWIDE SOLUTIONS OF FLORIDA LLC
Ref. Number: L23000553399

We have received your document for COUNTRYWIDE SOLUTIONS OF FLORIDA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2024 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

In order to file your document, the subject entity must first be reinstated.

The total amount due to reinstate is \$238.75.

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.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 024A00023558

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

COUNTRYWIDE SOLUTIONS OF FLORIDA LLC

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

FILED
2024 NOV 18 PM 12 25

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/15/2023 and assigned Florida document number L23000553399.

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:

956 KINGS POST RD

(Principal office address MUST BE A STREET ADDRESS)

ROCKLEDGE, FL 32955

Enter new mailing address, if applicable:

956 KINGS POST RD

(Mailing address MAY BE A POST OFFICE BOX)

ROCKLEDGE, FL 32955

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:

JAMES K LANSING

New Registered Office Address:

956 KINGS POST RD

Enter Florida street address

ROCKLEDGE


City

, Florida 32955

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

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>
AMBR	COUNTRYWIDE SOLUTIONS H	30 NORTH GOULD ST, STE R	<input type="checkbox"/> Add
		SHERIDAN, WY 82801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES K LANSING	956 KINGS POST RD	<input checked="" type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 9/27/24 , _____

JAMES K LANSING

File - Copy \$25.00