

L24000338521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

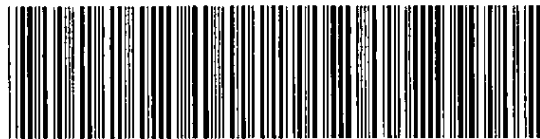
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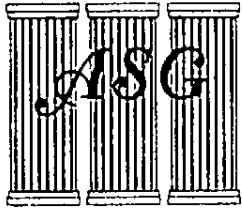


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ANCHORS ♦ SMITH ♦ GRIMSLEY

A PROFESSIONAL LIMITED COMPANY

ATTORNEYS AND COUNSELORS AT LAW

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* FLORIDA SUPREME COURT CERTIFIED
CIRCUIT AND APPELLATE MEDIATOR

* ALSO ADMITTED IN WYOMING & ALABAMA

SHIRAZ A. HOSEIN

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KYLE S. BAUMAN

MICHAEL R. GOODSON**

DEWITT D. CLARK

** FORMER CIRCUIT JUDGE

** BOARD CERTIFIED SPECIALIST IN
MARITAL AND FAMILY LAW

September 13, 2024

Via Federal Express

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: *Amendment to CTP Investments, LLC*

Dear Sir/Madam:

Enclosed please find Articles of Amendment for CTP Investments, LLC, along with our firm's check in the amount of \$25.00 to cover the filing fee.

If you have any questions, or need anything further, please do not hesitate to contact our office.

Very truly yours,

Karen A. Follmer

Karen A. Follmer
Paralegal to Richard P. Petermann

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CTP Investments, 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:

Richard P. Petermann

Name of Person

Anchors Smith Grimsley

Firm/Company

909 Mar Walt Drive, Ste. 1014

Address

Fort Walton Beach, Florida 32547

City/State and Zip Code

karen@petermannlaw.com

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

For further information concerning this matter, please call:

Karen Follmer

Name of Person

at (850) 863-4064

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

CTP Investments, 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 07/31/2024 and assigned
Florida document number L24000338521.

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> |
|--------------|--------------------------------|---|--|
| <u>MGR</u> | <u>Christopher Campbell</u> | <u>116 Wind Spray Court</u> | <input type="checkbox"/> Add |
| | | <u>Santa Rosa Beach, FL 32459</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>CCAM Investments, LLC</u> | <u>116 Wind Spray Court</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Santa Rosa Beach, FL 32459 153 bluebell circle</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>CM Taylor Ventures, LLC</u> | <u>153 Bluebell Circle</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Santa Rosa Beach, FL 32459</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>CCAM MonitorCo, LLC</u> | <u>116 Wind Spray Court</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Santa Rosa Beach, FL 32459</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>RPMP Investments, LLC</u> | <u>P.O. Box 1089</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Fort Walton Beach, FL 32549</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00