## 121000283013

(Requesto	or's Name)	
(Address)		<u>.</u>
(Address)		
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PICK-UP	WAIT	MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

		ACCOU	NT NO.	:	12000000019	95
		REF	ERENCE	:	954089	8287610
		AUTHORIZ	ZATION	: (	Smill Ele	man
	<b>-</b>	COST	LIMIT	:	\$ 25.00	
ORDER I	DATE :	August 11,	2021			
ORDER 3	rime :	1:41 PM				
ORDER 1	NO. :	954089-010				
CUSTOM	ER NO:	8287610				
	NAME:	<u>DOMES</u> CFCW PRO	,		MENT FILING	
I	EFFECTIV	E DATE:				
		OF AMENDME ARTICLES C		POF	RATION	
PLEASE	RETURN	THE FOLLOWI	NG AS P	ROC	OF OF FILING	G:
XX	PLAIN	IED COPY STAMPED COF ICATE OF GO		DIN	IG	

EXAMINER'S INITIALS: \_

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	opco Landstar, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	condence concerning this matter		
		Elisabeth N. Mills	
		Name of Person	
	С	lean Streak Ventures LLC	
		Firm/Company	
	Gables Internation	onal Plaza, 2655 S. Le Jeune Road,	Suite 910
		Address	<del></del>
	Co	oral Gables, Florida 33134	
	<del></del>	City/State and Zip Code	
		nills@mkhpartners.com	
For further information	E-mail address: ( concerning this matter, please concerning this matter)	to be used for future annual report not	fication)
		at () Area Code Daytim	
Name	of Person	Area Code Daytim	e 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 Addr		Street Address:	
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of 7	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFCW Propco Landstar, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 17, 2021	and assigned
Florida document number L21000283013		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		2.0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new-registered
Name of New Registered Agent:		1.1
<del></del> <del></del>		
New Registered Office Address:	Enter Florida street address	<u> </u>
		J.
· · · · · · · · · · · · · · · · · · ·	, Flori City	aa 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>	Address	Type of Action
VP	Colin Raskin	222 South Westmonte Drive, Suite 251	<b>=</b> Add
		Altamonte Springs, Florida 32714	□Remove
			□ Change
			□Add
			□Change
			□Remove
			Change
	<del></del>		□Add
			□Remove
			Change
	<del></del>		□Add
			🖸 Remove
			Change
			□Add
			Remove
			□ Change

amending	any other information	enter change(s) here: (Attach additional	al sheets, if necessary.)
-			
<del></del>			
<del></del>			<del></del>
Note: If the	date inserted in this block	specific and cannot be prior to date of filing or modes not meet the applicable statutory filing rement of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a
e record spe rd is filed.	cifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day after the
Dated	August 10	2021	
	81	GBI than wont	of a member
	Si	nature of a member or authorized representative of	or a method
		Andres Bethencourt	

Filing Fee: \$25.00