LZ1000376138

(F	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity Name)	
7)	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	o Filing Officer:	
	51	
when !	Office Use Only	i



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06/17/22--01011--008 **25.00

2022 SEP 19 PM 1:54

September 7, 2022

PATRICK'S BOOKKEEPING & TAX SERVICES, LLC 27011 65TH AVE EAST MYAKKA CITY, FL 34251

SUBJECT: CBR UTILITY SERVICES LLC

Ref. Number: L21000376138

We have received your document for CBR UTILITY SERVICES 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 form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Letter Number: 922A00019817

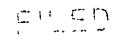
Stacy Prather Regulatory Specialist III

COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
	TION: CBR Utility Services	LLC	
NAME OF CORPORA	11UN:		
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
	Christina Patrick		
		Name of Contact Person	
	Patrick's Bookkee	ping & Tax Services, LLC	
_		Firm/ Company	
	27011 65th Ave E	ast	
_		Address	
	Myakka City, Fl.	34251	
-		City/ State and Zip Code	:
	atricksbookkeeping@outlook	com	
ps	F-mail address: (to be used for future annua	report notification)
	2 1111111 11111111		
For further information	concerning this matter, pleas	se call:	
Christina Patrick		at (⁹⁴ 1	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add	ress:	Street Address	i dment Section
Amendment Division of C			on of Corporations
P.O. Box 632	-		entre of Tallahassee
Tallahassee,	FL 32314		N. Monroe Street, Suite 810 lassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 SEP 19 PH 1:54

	OBR Utility Services LL	C :	
Name of the Limite	ed Liability Company as it A Florida Limited Liability	t now appears on our records.); y Company)	A E THE SECTION OF THE
The Articles of Organization for this Limited Li Florida document number L21000376138			and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
NI/A			
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designation "LLC" o	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREE Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address here:	ess on our records, <u>enter th</u>	nc name of the new registere
Name of New Registered Agent:	Patrick's Bookkeepi	ng & Tax Services, LLC	
New Registered Office Address:	27011 65th Ave Eas	st	
New Negistard Office readess.		Enter Florida street address	
	Myakka City	, Flor	rida 34251
		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>	Address	Type of Action
MGR	Caleb Brinn	1490 S Duette Rd, Myakka City, Fl. 34251	= Add
			Remove
			①Change
MGR	Sylver Lucas	1490 S Duette Rd, Myakka City, Fl. 34251	
			■Remova
			Change
MGR	Sylver Rose Brinn (Name Change)	1490 S Duette Rd, Myakka City, Fl. 34251	= Add
			□Remove
			□Abd
			🗖 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

,mend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
Note: 1	tive date, if other than the date of filing: (optional) (itive 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 605.020 filther date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a filter date on the Department of State's records.
record d is file	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
Dated _	September 15 , 2022
	Signature of Amember or authorized representative of a member
	Sylver Rose Brinn
	Typed or printed name of signee