

h72000254767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

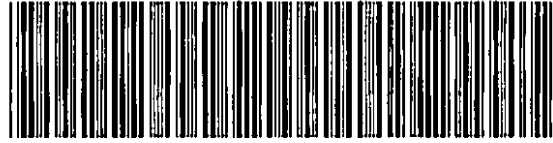
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MZJ



200390751462

07/12/22--01020--001 **25.00

2022 JUL 12 AM 10:37
SECRETARY OF STATE
STATE OF MICHIGAN

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBI Custom Designs, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Carridine
Name of Person

Firm/Company

8230 Dames Point Crossing Blvd N. Unit 1201
Address

Jacksonville, FL 32277
City/State and Zip Code

Patrick_carridine@yahoo.com
E-mail address: (to be used for future annual report notification)

2002 JUN 12 AM 10:37
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Patrick Carridine at (229) 526-5122
Name of Person Area Code 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

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

CBI Custom Designs, 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 6/6/2022 and assigned Florida document number L22000254767.

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)

SEARCHED	INDEXED
SERIALIZED	FILED
JUN 12 AM 10:37	
TALLAHASSEE, FL	

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>
AMBR	Patrick Carridine	8230 Dames Point Crossing	<input checked="" type="checkbox"/> Add
		Bivd N. Unit 1201	<input type="checkbox"/> Remove
		Jacksonville, FL 32277	<input type="checkbox"/> Change
AMBR	Ronstra Carridine	8230 Dames Point Crossing,	<input type="checkbox"/> Add
		Bivd N. Unit 1201	<input type="checkbox"/> Remove
		Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change
AMBR	Mark Halseworth	2601 Leon Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lavondia Hill	2299 S. Kirkman Rd	<input type="checkbox"/> Add
		Unit 327	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2022 JUL 12 AM 10:57
REGISTRATION BOARD

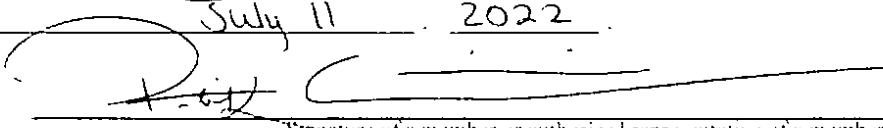
E. Effective date, if other than the date of filing: _____ (optional)

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.

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.

Dated July 11, 2022



Signature of a member or authorized representative of a member

Patrick Carridine

Typed or printed name of signee