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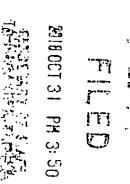
(Requesto	r's Name)
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PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
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COVER LETTER

Div	rision of Cor	porations		
SUBJECT:	Craig Arms	trong LLC		
Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Craig Armstrong		
			Name of Person	
		Craig Armstrong LLC		
			Firm/Company	
		9155 South Dadeland Blvd	1, Suite 1506	
			Address	
		Miami, Fl 33156		
		carmstrong@capacpa.com	City/State and Zip Code	W-147000
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Craig Armst	rong		305 5869747 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
\$ 25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Craig Armstrong LLC	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L04000064824	ompany were filed on August 31, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
CK Administrative Services LLC	
he new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	The Estate of th
If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new
	
Name of New Registered Agent:	igi i ⊋
	ျှေး ယ
New Registered Office Address:	mill of
	Enter Florida street address
	Enter Florida street address

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 Karla Armstrong	9155 South Dadeland Blvd, Suite 1506, Miami, FL 33156	Add	
		 	Change
			Add
			☐ Remove
			☐ Change
			Add
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Note:	ve date, if other than the date of filing:	605.0207) Flisted a&J) (3)(b) the	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of:	:	
Dated _	Ochober 22 2018.	_		
	Signature of a member or authorized representative of a member			
	Craig Armstrong Typed or printed name of signer	_		

Page 3 of 3

Filing Fee: \$25.00