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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CBI Property 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 E Biery  
Name of Person

CBI  
Firm/Company

12 N. Orlando Ave  
Address

Cocoa Beach FL 32931  
City/State and Zip Code

Sbiery@cfl.m.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzie Biery at (321) 508-5380  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CBI, 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 1/18/2005 and assigned Florida document number L00000 5559.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CBI Property, LLC

The new name must be distinguishable and end with 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)

69 N. Orlando Ave  
Cocoa Beach FL 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

69 N. Orlando Ave  
Cocoa Beach FL 32931

**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:

Richard E Biery

New Registered Office Address:

69 N. Orlando Ave

Enter Florida street address

Cocoa Beach, Florida 32931

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.

Richard E Biery

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Richard E Biery	69 N. Orlando Ave Cocoa Beach Fl 32931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Richard F Castillo	69 N. Orlando Ave Cocoa Beach Fl 32931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lewis H. Berman	650 N. Atlantic Ave PH #16 Cocoa Beach Fl 32931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Barry S. Berman	1100 S. Ocean Blvd Lauderdale by The Sea Fl 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 APR 24 11:07 AM '06  
 38962

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated \_\_\_\_\_

*Richard E Blery*

Signature of a member or authorized representative of a member

*Richard E Blery*

Typed or printed name of signee

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Filing Fee: \$25.00

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