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COVER LETTER

TO: Registration Solution of Con	ection rporations		
SUBJECT:	CEI, LCC Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose 1. Ba	wneto Name of Person	
	CEI, LL	Firm/Company	
	14150 NI	N 3rd ave	
	Miami H	33188 City/State and Zip Code	
	Josep Deiel E-mail address: (1	ectric net to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca		
JOSSI e	Acosta of Person	at (954) 255 (Area Code Daytime	D371 Telephone Number
Enclosed is a check for t	he 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2017

JOSE I BARRETO 14150 NW 3RD AVE MIAMI, FL 33168

SUBJECT: CEI, LLC

Ref. Number: L05000083295

We have received your document for CEI, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00018525

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

CELLLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000832</u> 95	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14150 NW3 dave
(Principal office address MUST BE A STREET ADDRESS)	Miami, 71 33168
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14150 NW 3rd are Mami, 91 33168
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the nev</u> e:
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>	Address	Type of Action
<u>Mar</u>	William Harmon	3859 NW 124 thave	□ Add
Ü	•	3859 NW124thane Coral Springs, 71	© Remove
		33065	☐ Change
<u>Mar</u>	Jossie Acosta	14150 NW 3-1 are	Z Add
		Miami, 71 33168	Remove
			Change
			Add
			☐ Remove
			☐ Change
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	•		☐ Change

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We are also Changing Principal advess	
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1450 NW 3rd are	
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11 WW1.00 91 32 160	
	•
Effective date, if other than the date of filing: 100917 (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)	
<u>Note:</u> 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.)
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	
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Dated,	· {-
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Signature of a member or authorized representative of a member	r.
	r.

Page 3 of 3

Filing Fee: \$25.00