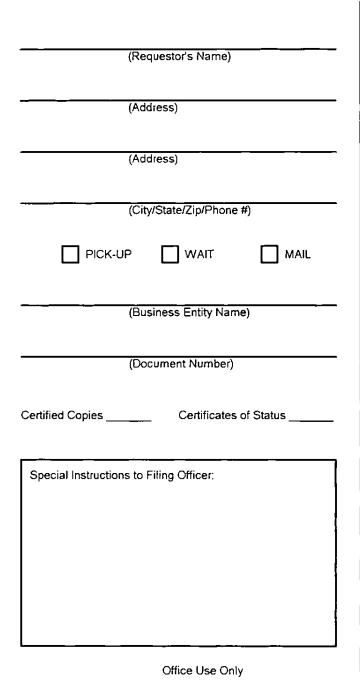
## L05000 105 935





300343256933

05/06/20--01010--005 \*\*25.00

O SIMMON

MAY 27 2020

## **COVER LETTER**

TO: Registration Section

Division of Corporations				
	rprises of Tampa Bay LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	-		
·	Ū	-		
	Carlos Moncada			
		Name of Person		
	C & E Enterprises of Tamp	pa Bay LLC		
		Firm/Company		
	P.O. Box 48693			
	<u> </u>	Address		
	St. Petersburg, FL 33743			
	*	City/State and Zip Code		
	stpetchomes@yahoo.com	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	•		
Carlos Moncada		727 776-1755		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&E Enterprises of Tampa Bay LLC		<del></del>
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L05000105935	were filed on 10.31/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		_ <del></del>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Flo	rida 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
MGRM	Ellen Moses	P.O. Box 48693, St. Petersburg, FL 33743	■Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>		🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			Chango

_	
_	
_	
_	
Note: 11	e date, if other than the date of filing:
e record rd is filed	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 l.
0:	5/04/2020
Dated <u>"</u>	Culi, Moncreda
	Signature of a member or authorized representative of a member
	Carlos Moncada
	Typed or printed name of signee