06000051405

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200109741352

10/18/07--01017--019 **175.00

07 OCT 18 PM 2: 01
SECRETARY OF STAD

TU ACKHOWLEDGE SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
VISION OF CORPORATION

1B

COVER LETTER

Division of Co				
SUBJECT:	CSA ENGRES	e		
	(Name of L	imited Liability Company)		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	Larry Sherrod 1	Name of Person)	ecst 4114 Idl 72.	32309
_		(Firm/Company)		
			070 SECI	
		(Address)	07 OCT 18 SECKL TARY LLAHASSI	
	(City)	/State and Zip Code)		
	(Chy	rstate and Zip Code)		
For further information	concerning this matter, please of	call:	2: 01 STALL ORIDA	
	(Al. CP	at ()		
	(Name of Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a check for the	e 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 &	

MAILING ADDRESS:

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

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CBA Enterprise LIC (Present Name)	_		
	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on			
SECOND:	This amendment is submitted to amend the following:			
	Delate Lucy Robins as nanying wenter	_		
		_		
		-		
	ALL			
	AR OCT	- 4		
	338 S	- [j		
	me z	- (7		
	2: 0 LORN RA	- E		
		-		
		-		
Dated	· · · · · · · · · · · · · · · · · · ·			
	Signature of a member or authorized representative of a member			
	Typed or printed name of signee			