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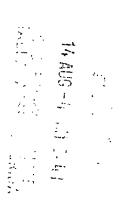
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. B. Associates, 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:

Chester A. Biernat

Name of Person

C. B. Associates, LLC

Firm/Company

600 Royal Commerce Road, Ste A

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

chet@inconusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Farrar CPA

...561、791-4544

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

C. B. Associates, LLC			_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L06000065730	were filed on 06/28/2006	and	assign	ed
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 end with the words "Limited Liab	sility Company," the designation "LLC" or the	abbreviatio	n "L.L.0]."
Enter new principal offices address, if applicable:	600 Royal Commerce Road			
(Principal office address MUST BE A STREET ADDRESS)	Suite C	_		·
	Royal Palm Beach, FL 33411			
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		the nar	ne of	the r
			ر ة	
New Registered Office Address:	Enter Florida street address			
			227	
	City	Zip Co	ode _	
New Registered Agent's Signature, if changing Registered Agent:		ř		

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
SEC	Bonnie E Edelstein	1152 Essex Drive	
		Wellington, FL 33414	■ Remove
			
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		<u> </u>	Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
E. Ei	ffective date, if other than the date of filing:
(Th	ffective date, if other than the date of filing:
D	_{ated} July 31
	Opestor Q. Bleeval
	Signature of a member or authorized representative of a member
	Chester A. Biernat
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00