1100043174

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
2544		·

Office Use Only



900291025649

10/20/16--01022--017 **25.00

FALLAHASSEE, FLORIUP

1

S. YOUNG



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 20, 2016

CINDY DION 12201 STEPPINGSTONE BLVD TAMPA, FL 33635

SUBJECT: CBGROUP MARKETING AND EVENT MANAGEMENT, LLC Ref. Number: L11000043174

We have received your document for CBGROUP MARKETING AND EVENT MANAGEMENT, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

CD GROUP LLC - L04000004646

AND COURTS, CO

Please Yeturn 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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00022615

Please note that you already eashed by \$25 check, which I am attaching.

Trank you

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER 11

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: CB Group May	Keting & Event Mend	generat, UC
The enclosed Articles of Amendment and fe Please return all correspondence concerning		flease note that
Ci	Name of Person Firm/Company	Please note that the LLC was sa up in the name of Girdy bosselve I recently change any name on live
16	empa, FL 33635	Blud.
E-m For further information concerning this matt	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	LAHASSE FILE
Name of Person	at (813) 846 Area Code Daytim	8518 e Telephone Number
Enclosed is a check for the following amount \$25.00 Filing Fee \$30.00 Filing Certificate	g Fee & \$\square\$ \$55.00 Filing Fee &	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURI Registration Section Division of Corporation	on

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lightlity Compar (A Elorida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000043174</u> .	were filed on $3/4/2009$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words".	AND MAN LESINGANG FUER LIER
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sine
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	OCT 20 PI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Same – New Registered Office Address: Save	Cindp Dion
	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 = 1 AMBR ≈ .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
	N//		
			□ Remove
			☐ Change
<u></u>		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			Change
			Add TALLARIAN SECRETARIAN AS
			20 Change Change Ads SEE, FLORIDA Ads 3
			Change
·			Add
		Remove	
			☐ Change
			□ Remove
			□ Change

Chana:	19 10m Mas	1 name Si			
	B group	preme for Marketing	and Every	+ Manag	ement
		AN GARAGE	D-Alexander	Sign And	Cocyc
	-	7			
	EIN	1#26-43	44507		
			Ther	A you	
					SE GRET
					CT PO
	-				- P
					
					<u> </u>
an effective date is listed ote: If the date inser		and cannot be prior to date of meet the applicable s			
	a delayed effective er the record is file	e date, but not an	effective time, at	: 12:01 a.m. o	n the earlier of:
ated $10/12$	/. //	1250/11/2			
	Signature of	member or authorized	representative of a men	iber	
	Ci	My Silv Typed or printed nam)		

Page 3 of 3

Filing Fee: \$25.00