LIBOOODTUTA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations	
SUBJECT: CP3 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:	
Brian Downey Name of Person	-
Brian J. Downly PA	-
14090 Motropolis Ave #205	-
FF. Myprs FC 3391Z City/State and Zip Code	NON BILL
Chystate and Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ()	-
Name of Person at () Area Code & Daytime Telephone Number	 er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	ate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

	CP3,					
(Name of the Limited (A	Liability Compar Florida Limited I.	ny as it now appears on our record liability Company)	<u>15.</u> 1			
The Articles of Organization for this Limited Li Florida document number L12000007676	ability Company	were filed on January 17, 20	112 and	d assigr	ıed	
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company." the designa	ation "LLC" or	the abb	reviation	
Enter new principal offices address, if applic	able:	14131 Bently Circle				
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, Florida 33912				
						
Enter new mailing address, if applicable:		14131 Bently Circle		201		
(Mailing address MAY BE A POST OFFICE BOX)		Fort Myers, Florida 3391	2	_	- Pi	
			- 2007 8日 8日 8日 8日 8日 8日 8日 8日 8日 8日 8日 8日 8日	1	-	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered of Tice address her	fice address on our records, g	enter the mar	ne_B	the new	
	The state of the s	<u>.</u> .	A S	3: 01	A STATE OF THE STA	
Name of New Registered Agent:	44404.5					
New Registered Office Address:	14131 Ben	tiy Circle Enter Florida str	an addrage			
	Fort Myers					
	1 Off Wyers	Flor 	ida $\frac{33912}{Zip}$	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> Remove Remove Remove

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
10/18/13
Signature of a member or authorized representative of a member

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