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	[i
(Requestor's Name)	
(Address)	<u>!!</u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Boomose Emily Marrie)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	<u>!!</u>]

Office Use Only



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K. SALY SEP 18 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: C.B. Robertson	& Company LLC 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:
<u> </u>	Han B. Robertson
C.B	Robertson & Company, LLC
3/21	Innovation Dr. Address
	Address Oud FL 34769 City/State and Zip Code
	City/State and Zip Code 150 on Grad Corn flowly Go SMRIL-Corn dress: (to be used for future annual report notification)
For further information concerning this matter, p	
Christian B Repertion	at (<u>407</u>) <u>301-8434</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of Sta	

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**

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CRRIL	000	, , , , , ,	ALTERIALE DE SAMILE DE
(Name of the Lin	nited Liability Company as	it now appears on our records.)	ALL SSIALLY DES
\	(A Florida Limited Liabilit	y Company)	THE PROPERTY.
The Articles of Organization for this Limited	Liability Company were	filed on 01/29/20	
Florida document number <u>L 130000</u>			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability o	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		4,1-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u> </u>		
B. If amending the registered agent an		address on our records,	enter the name of the new
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:			· ··
New Registered Office Address:	1	<u> </u>	
		Enter Florida street address	
		, Flor	ida Zip Code
	II.	lity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
	H		

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

	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and a	ddress of each person being adde
MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Acthur F. Carson		
		349 Bodie St. Longe	Remove
			☐ Change
MGR Anthony Billitteri	Anthony Billitter:	2510 Balmoral Dr. A	lissippoce, FL DAdd
		-	Remove
			Blange SP Add C
			SEP Add
			Remove
			Remove Change
			Add
			_ □ Remove
			□ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change

Page 2 of 3

D. If amending any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)
·	
	<u></u>
	F. 5. (1)
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	· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) neet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated Soptember //	. <u>2017</u> .
	27/4
Signature of a	member or authorized representative of a member
Christian	. B. Robertson
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00