113000017318

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700322508737

81/17/19--61012--614 **** ·

2019 JAN 1 7 PM 2: 31

C. GOLDEN JAN 2 4 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ce-Pipe, Wilding LC. 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:
Poold C. Miles Name of Person
CKa-Pia Wilding Us.
305 Carrollia St
Palm Beach Cardens, A. 33410 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (Eq.) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & \$\Certificate of Status & \$\Certificate of Status & \Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$60.00 Filing Fee

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

FILED

2019 JAN 17 PM 2: 31 iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L13000017318</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: Enter Florida street address Cirv

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 = Manager

AMBR = Authorized Member Title **Address** Type of Action Name Kulli L. Micholson ☐ Change □ Add ☐ Remove __ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove _____ Change

-	
_	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
-	
-	
_	
_	
_	
_	
-	· · · · · · · · · · · · · · · · · · ·
-	
-	
in eff ote:	ive date, if other than the date of filing: \(\sum \text{Q} \) \(\sum \text{Q} \) \(\sum \text{Q} \) \(\text{(optional)} \) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	cord specifies a del ayed e ffective date , but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
nted	January 9 . 2019.
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00