To: FAX SERVICE	From: 3053713178	10-20-20 9:23am p.1 of 6			
	Florida Deputitment of State Division of Corporations Electronic Hilling Cover Sheet	JULI			
	Note: Please print this page and use it as a cover sheet. Type the far (shown below) on the top and bottom of all pages of the docu				
	(((H20000360758 3)))				
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser Doing so will generate another cover sheet.	from this page.			
r	To: Division of Corporations Fax Number : (850)617-6383				
,	From: Account Name : THERREL BAISDEN, LLP Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178				
	**Enter the email address for this business entity to be used annual report mailings. Enter only one email address ple Email Address:	ease. **			
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	LLC AMND/RESTATE/CORRECT OR M/MG RE C.E.E.E., LLC	SIGN			
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To: FAX SERVICE

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October 19, 2020

#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

C.E.E.E., LLC 1428 BRICKELL AVENUE 400 MIAMI, FL 33131

SUBJECT: C.E.E.E., LLC REF: L13000029744

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 2 missing

Please return 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) 245-6050.

Yasemin Y Sulker

FAX Aud. #: H20000360758 Regulatory Specialist III Letter Number: 020A00020646

P.O BOX 6327 - Tallahassee, Florida 32314

From: 3053713178

# + 200003607583

#### TO: Registration Section Division of Corporations

C.E.E.E., 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:

PAUL M. CUMMINGS

Name of Person

1 SE 3RD AVENUE

Firm/Company

**SUITE 2950** 

Address

MIAMI, FL 33131

City/State and Zip Code

peummings@therrelbaisden.com

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

For further information concerning this matter, please call:

PAUL M. CUMMINGS 305 371-5758 at (\_\_\_\_\_\_) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

 $H_{2,00003607583}$ 

To: FAX SERVICE

### AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10-20-20 9:23am p. 4 of 6 HOUDO 360158 3

C.E.E.E., LLC

## (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>02/26/2013</u> and assigned Florida document number <u>L13000029744</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:	I SE 3KD AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 2950		
		······;	
Enter new mailing address, if applicable:	I SE 3RD AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 2950		
	MIAMI, FL 33131		

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:	I SE 3RD AVENUE, SUITE 2950	
Hew Registrated Office Address	Enter Florida street address	
	MIAMI	Florida 33131
	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

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FAX SERVICE	• _	From: 3053713178	می <sup>5</sup> می <sup>1</sup> میں جو <u>9:23</u> میں اور
If amending or removed	g Authorized Person(s) au from our records:	thorized to manage, enter the title, name,	
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AMBR = A	uthorized Member		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-----(optional) E. Effective date, if other than the date of filing: \_ (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	OCTOBER 16	2020		
	Re C C in			
	Signature of a member or authorized representative of a member			
	PAUL M. CUMMINGS			
	······································	l'yped or printed name of signee		

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Filing Fee: \$25.00