# L14000058613

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			





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### COVER LETTER

TO: Registration Section

SUBJECT:

Division of Corporations

CB EQUITY GROUP 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:

# CRAIG CANNEDY

Name of Person

## CB EQUITY GROUP LLC

Firm/Company

# 3133 NW 25TH AVENUE

Address

# POMPANO BEACH, FL 33069

City/State and Zip Code

### cccrating@comcast.net

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

For further information concerning this matter, please call:

CRAIG CANNEDY

.,754 (264-2)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 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/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

2014 JUN 13 PM 3:51

DELLA MARY OF STATE TALLAHASSEE, FLOREDA

Zip Code

# C B EQUITY GROUP 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 04/04/14 and assigned Florida document number L14000058613 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3133 NW 25TH AVENUE Enter new principal offices address, if applicable: POMPANO BEACH, FL 33069 (Principal office address MUST BE A STREET ADDRESS) SAME 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: CRAIG CANNEDY Name of New Registered Agent: 3133 NW 25TH AVENUE New Registered Office Address: Enter Florida street address

### 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.

POMPANO BEACH

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Type of Action Name **Address** 3133 NW 25TH AVENUE **CRAIG CANNEDY** MGR **■** Add POMPANO BEAGH, FL 33069 ☐ Remove **BRIAN BOYD** MGR DEERFIELD BCH, FL 33064 ■ Remove □ Remove \_ Add ☐ Remove ☐ Add \_□ Remove □ Add ☐ Remove

). I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		1	
	***		
F	ffective date, if o	ther than the date of filing:	(optional)
(T	ne effective date must	be specific, cannot be prior to date of receipt or filed date a is filed by the Florida Department of State)	
Ε	ated fure	Charle Can	redu'
		Signature of a member or authorized rep	resentative of a member

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Filing Fee: \$25.00

