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Effective - 11/01/2018

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COVER LETTER

Div	ision of Corp	oorations		
endirer.			CES, LLC	
SUBJECT:	Name of Person Area Code Daytime Telephone Number check for the following amount:			
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
	,	-	J	
			Name of Person	
			Firm/Company	
		6002 Willow Creek		
			Address	
		Canton MI 48187		
		billmann2855@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report r	iotification)
For further in	nformation co	ncerning this matter, please ca	all:	
William Ma	nn		313 600.0254	
•••	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	i check for the	e following amount:		
□ \$25.00 F	filing Fee	S30.00 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

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

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000133595}{L14000133595}$	were filed on 08/26/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1422 Gayle Mill Dr	
(Principal office address MUST BE A STREET ADDRESS)	The Villages FL, 32162	43.88 VISSUA VIS
	6002 Willow Creek	7 AM
Enter new mailing address, if applicable:		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Canton MI 48187	<u>- 当会</u> の 第

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cuv

William Mann

The Villages

1422 Gayle Mill Dr

If Changing Registered Agent. Signature of New Registered Agent

Enter Florida street address

, Florida 32162 Zip Code 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Anita Paul	1428 Gayle Mill Dr	Add
		The Villages FL 32162	-
			-
MGRM	Roger Paul	1428 Gayle Mill Dr	
		The Villages FL 32162	
			■ Remove
MGRM	William Mann	1422 Gayle Mill Dr	☐ Change
		The Villages FL 32162	■ Add
		 -	☐ Remove
			☐ Change
MGRM	Ann Marie Mann	1422 Gayle Mill Dr	= Add
		The Villages FL 32162	☐ Remove
			□ Change
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fective date, if other than the date of m effective date is listed, the date must be spec	citic and cannot be prior	to date of filing or m	ore than 90 days afti	ional) x tiling.) Pursuar	nt to 605.02
ote: If the date inserted in this block does cument's effective date on the Departme		able statutory filing	g requirements, th	is date will not	be listed:
record specifies a delayed effect	tive date, but no	t an effective t	ime, at 12:01	a.m. on the	earlier
The 90th day after the record is			·		
C	2018				
sted September 12	2018	 ·			
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Signatur	re of a member or author	orized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00