LISOODOURT3

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

CES4 LLC			
BJECT:	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Pedram Zohrevand		
	- ** *****************************	Name of Person	
	CES4 LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4995 NW 72 Avenue, Unit	. 306	
		Address	
	Miami, FL 33166		
		City/State and Zip Code	
	pedram@ces4.com		
		to be used for future annual report notifi	ication)
r further information of	oncerning this matter, please ca	au;	
dram Zohrevand		305-904-7609 at ())
Name o	of Person	Area Code Daytime	Telephone Number
iclosed is a check for t	he 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 enclos

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2017

PEDRAM ZOHREVAND 4995 NW 72 AVENUE, UNIT 306 MIAMI, FL 33166

SUBJECT: CES4 LLC

Ref. Number: L15000021273

We have received your document for CES4 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00005662

SEESE AN IL SE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CES4 LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/04/2015	and assigned
Torida document number L15000021273	_ ·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	<u> </u>
		7 H
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		12
	·	• 1. 2 00
		9 💯
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	· —	nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	1 2177	730 1 700

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
President	Alisina Malek	4995 NW 72nd Ave., Unit 306, Miumi FL	🖹 Add
			□ Remove
			Change
			🗆 Add
		1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
			Refference
			Change OK
	William Willia		
			☐ Remove
			Change
			□ Remove
			☐ Change

D. If am	sinding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	.'	
Note:	tive date, if other than the date of filing: [fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	04/12/17.	ω:
	Signature of a member or authorized representative of a member	
	Alising Malek Typed or printed name of signee	FILE SARY O
	Typed or printed name of signee Page 3 of 3	YELLEY MAYEN O
	Page 3 of 3	35

Filing Fee: \$25.00