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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		CEO MANAGEMENT, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	i all correspo	ndence concerning this matter	to the following:	
		John A. Williams		
			Name of Person	
		The Law Offices of John A	. Williams, PLLC	
		<del></del>	Firm/Company	
		7408 Van Dyke Road		
		-	Address	
		Odessa, Florida 33556		
		jaw@johnawilliamslaw.con	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ea	all:	
John Willian	ms		813 402-0442 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	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:

TO:

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

FILED

## FLORIDA CEO MANAGEMENT, 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 Liab	pility Company were filed on 02/06/2015 11 11 and assigned
Florida document number L15000023318	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2X)
The state of the s	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the new
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Reg	gistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability ange.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charlotte Yensen	1421 Court Street, Suite F CLEARWATER, FL 33756	Add
			■ Remove
			Change
MGR	Charlotte Oliver	1421 Court Street, Suite F CLEARWATER, FL 33756	Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
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(If an effective date Note: If the date	e, if other than the act is listed, the date must the inserted in this blocketive date on the De	be specific and cannot ock does not meet the	he applicable statut	ling or more than 90 d ory filing requireme	_(optional) sys after filing.) Pursuant ( nts, this date will not b	io 605.0207 ( e listed as t
	ecifies a delayed day after the reco		but not an effe	ective time, at 1.	$2:01$ a.m. on the $\epsilon$	earlier of:
Dated May	921	<u>2</u>	2019			
•	· .	٠ ـــ ١.	. 0 .	entalive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00