L160000149696

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COVER LETTER

TO: Registration Solution of Con		
CMB Grou	oup, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspondent	pondence concerning this matter to the following:	
	Clegzette Bruce	
	Name of Person	
	CMB Group, LLC	
	Firm/Company	
	P.O. Box 16833	
	Address	
	Plantation, FL 33318	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Clegzette Bruce	754 303-5385	
Name (at () of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

CMB Group, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it new appears on our reted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000049696</u> .	any were filed on March 10, 2	016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	amending name, enter the new name of the limited liability company here: v name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited I.	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 ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	CMB Group, LLC	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 16833	
	Plantation, Fl. 33318	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	,
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duti as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If	Changing Registered Agent, Sign	70
Pa	ge 1 of 3	F ST

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
MGR	Mikara Bell	3750 North State Rd 7	Add
		Lauderdale Lakes, FL. 33319	Remove
			/ □ Change
			Add
			Remove
		-//****	Change
			Add
			Remove
			Change
			Add
			Remove
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n effective date is listed, the date must te: If the date inserted in this bloom	date of filing: be specific and cannot be prior to date of filing or more to be does not meet the applicable statutory filing recovery to a statutory filing recovery.	han 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
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record specifies a delayed he 90th day after the record specifies a delayed he 90th day after the record specifies a delayed he 90th day after the record he february 10	effective date, but not an effective time ord is filed. 2017 Signature of a member or authorized representative of a	member