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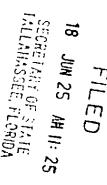
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☐ PICK-UP ☐ WAIT ☐ MAIL
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COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT:C	E Proper Name of Limi	ty Investors leadiability Company	<u></u>			
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.				
Please return all correspond	dence concerning this matter t	to the following:				
	Curl	Baptiste. Name of Person				
	C & E Pr	operty Investe Firm/Company	rs LLC			
	<u>1660 NW</u>	65 AUE Address				
	Plantation	FL 333/3 City/State and Zip Code	hal cons			
		Linua Stor Solution glood obe used for future annual report dotif	ication)			
For further information cor	ncerning this matter, please ca	11:				
Curl Baptiste Name of Person		at (95-4) 347 - 6882 Area Code Daytime Telephone Number				
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

(Name of the Limited Liability C	Company as it now appears	on our records.	
The Articles of Organization for this Limited Liability Com	pany were filed on <u>0</u>	16/23/2016	and assigned
Florida document number <u>L16000121125</u> .		,	
This amendment is submitted to amend the following:		1.5	18
A. If amending name, enter the new name of the limited C & F Property The new name must be distinguishable and contain the works. Limited	I liability company her	re: L C Signation "LLC" or the many	T L E Constitution "L. E"
Enter new principal offices address, if applicable:			02 5
(Principal office address MUST BE A STREET ADDRES	<u> </u>		75 Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter t	he name of the new
Name of New Registered Agent:			<u>-</u>
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City		Zip Code

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	Address	Type of Action
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Tective date, if an effective date is lote: If the date is comment's effective	iserted in this bl	lock does not	, meet the ap	plicable statut	ling or more than ory filing requir	(option: 90 days after fili ements, this da	ng.) Pursuant to (ate will not be l	305.020 isted as
e record specif The 90th day	ies a delayed after the rec	d effective ord is filed	date, but i.	not an effe	ctive time, a	t 12:01 a.n	n, on the ear	rlier o
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		Signature of						

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Filing Fee: \$25.00