

L16000123093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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See

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUMBERLAND SERVICES TWO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLAJIDE OGUN
Name of Person
CUMBERLAND SERVICES TWO LLC
Firm/Company
9714 PROVENCALE AVENUE
Address
SEFFNER FL 33584
City/State and Zip Code
CUMBERLANDTWO2@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLAJIDE OGUN at (813) 970-6815
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CUMBERLAND SERVICES TWO 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 Liability Company were filed on 06/27/2016 and assigned Florida document number L16000123093.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9714 PROVENCAL AVENUE
SEFFNER, FL 33584

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OLAJIDE OGUN

New Registered Office Address:

9714 PROVENCAL AVENUE

Enter Florida street address

SEFFNER

City

FL, Florida

33584

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR MGR	ADEKUNLE O. OREMOJU	26451 Shoregrass Dr	<input type="checkbox"/> Add
		Wesley Chapel FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR AMBR	OLAJIDE A. OGUN	9714 PROVENCAL AVENUE	<input checked="" type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLAJIDE E. OGUN JR.	9714 PROVENCAL AVENUE	<input checked="" type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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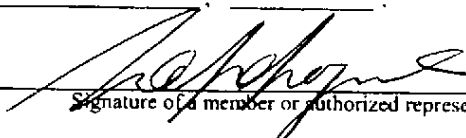
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09-18-2021



Signature of a member or authorized representative of a member

OLAGIDE OGUNY

Typed or printed name of signee

RELINQUISHMENT OF OWNERSHIP, MEMBERSHIP RIGHTS AND SHARES IN CUMBERLAND SERVICES TWO LLC

By this instrument and for a consideration of zero US dollars (\$0.00), I, Adekunle O. Oremosu, relinquish all shares in, membership of, and ownership stake in Cumberland Services Two LLC, a Florida registered LLC originally formed and registered by me on 06/27/2016. I hereby waive all claims to its present and future profits and Liabilities.

This relinquishment is effective from ~~06~~ 15/2021.



Adekunle Oremosu

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