

L16000128268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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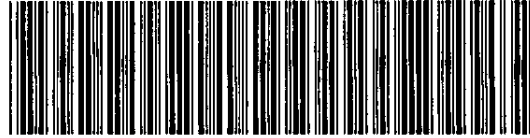
(Business Entity Name)

(Document Number)

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FILED
2016 OCT 19 PM 3:02
FILING OFFICE
MILWAUKEE, WI 53201

for 10/24/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPM of South Florida 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:

Michael Hendrick

Name of Person

CPM of South Florida LLC

Firm/Company

12717 W. Sunrise Blvd #120

Address

Sunrise, FL 33323

City/State and Zip Code

CPM.11c540@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hendrick

Name of Person

at 954 421-4545

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CPM of South Florida, 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 7/13/2016 and assigned
Florida document number L16000128268

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)

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:

Michael Hendrick

New Registered Office Address:

12717 W. Sunrise Blvd #120

Enter Florida street address

Sunrise

City

Florida

33323

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.

Michael Hendrick

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	Alexis Sanchez	12717 W. Sunrise Blvd	☐ Add
		#120	☒ Remove
		Sunrise FL 33323	☐ Change
MGR	Michael Hendrick	12717 W. Sunrise Blvd	☒ Add
		#120	☐ Remove
		Sunrise FL 33323	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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2009 OCT 9 PM 3:00
☐ Add
☐ Remove
☐ Change
☐ Add

[illegible]

(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)

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 Oct 17, 2016.

Michael Bendik
Signature of a member or authorized representative of a member

Michael Hendrick
Typed or printed name of signee

Filing Fee: \$25.00

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