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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 0 3 2018

COVER LETTER

TO:	Registration Security Division of Corp	ction porations		
CUD IE	CT.	CEFO PLUS CONSU	JLTANT, LLC	
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
			FRITZ BERTO	
			Name of Person	
		CEFO P	LUS CONSULTANT, LLC	
			Firm/Company	
		42	24 E DERBY AVE	
			Address	
		AU	BURNDALE FL 33823	
			City/State and Zip Code	
			starmsw@gmail.com to be used for future annual report notif	instina)
For furth	ner information co	oncerning this matter, please ca	_	ication
FRITZ			863 5210596 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e 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**

CEFO PLUS CONSULTA	•			
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears oility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L16000203875	ere filed on 1	1/07/2016	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liability (Company," the des	ignation "LLC" or the a	_	<u></u> .
Enter new principal offices address, if applicable:				131V
(Principal office address MUST BE A STREET ADDRESS)			27	RE FAR
-				
Enter new mailing address, if applicable:			<u> </u>	F S IA
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	10N:
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on	our records, <u>enter</u>	the name o	f the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la 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>	<u>Name</u>	Address	Type of Action
AMBR	STEEVEN BERTHAUD	3934 WARBLER DR	Add
		WINTER HAVEN FL 33880	■ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		Y OF SIA CORPORAT
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(If an efi Note:	tive date, if other than the date of filing: 11/05/2016 (optional) fective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed then the seffective date on the Department of State's records.	0207 (3) d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	APRIL 26TH , 2018	
	The state of the s	
	Signature of a member or authorized representative of a member	
	FRITZ BERTO	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L16000203875 FILED 8:00 AM November 07, 2016 Sec. Of State tchang

Article I

The name of the Limited Liability Company is: CEFO PLUS CONSULTANT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

424 E DERBY AVENUE AUBURNDALE, FL. 33823

The mailing address of the Limited Liability Company is:

PO BOX 10525 WINTER HAVEN, FL. 33885

Article III

The name and Florida street address of the registered agent is:

FRITZ BERTO 3934 WARBLER DRIVE WINTER HAVEN, FL. 33880

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: FRITZ BERTO

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR FRITZ BERTO 3934 WARBLER DR WINTER HAVEN, FL. 33880

Title: AMBR STEEVEN BERTHAUD 3934 WARBLER DR WINTER HAVEN, FL. 33880 L16000203875 FILED 8:00 AM November 07, 2016 Sec. Of State tchang

Article V

The effective date for this Limited Liability Company shall be:

11/05/2016

Signature of member or an authorized representative

Electronic Signature: FRITZ BERTO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.