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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: • Registration Se Division of Cor			
CECC SHO	OP LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ondence concerning this matter		
	VICTOR CEBALLO		
	<u></u>	Name of Person	·· ·
	CECC SHOP LLC		
		Firm/Company	.
	41 S ERIC CIRCLE		
		Address	
	LAKE WORTH, FL 33463	3	
		City/State and Zip Code	
	VICTORCEBALLO12@G		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
VICTOR CEBALLO		561 502-8067	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)
Regist Divisi P.O. F	ING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassay, Fl. 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CECC SHOP LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recollity Company)	cords.)	
The Articles of Organization for this Limited Liability Company we	ere filed on 11/07/2016		and assigned
Florida document number 1.16000204910			
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "l	LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
-			
			17:
Enter new mailing address, if applicable:		 -	<u></u>
Mailing address MAY BE A POST OFFICE BOX)			•;
-		•	•
3. If amending the registered agent and/or registered offic	e address on our reco	ords, <u>enter the</u>	name of the r
egistered agent and/or the new registered office address here:		;	ယ်
Name of New Registered Agent:			· · · · ·
New Registered Office Address:			
	Enter Florida street aa	ddress	
		, Florida	
	City	Zi	ip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VICTOR CEBALLO	41 S ERIC CIRCLE	≅ Add
		LAKE WORTH, FL 33463	Remove
			Change
			□ Adđ
			□ Remove
			☐ Change
			\ _ _ \Add
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ctive date, if other than the date of filing:		(optional)	40-11
effective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the	be prior to date of filing annlicable statutory	g or more than 90 days filing requirements	s after filing.) Pursi s, this date will n	or be listed
ument's effective date on the Department of State's	records.			
ecord specifies a delayed effective date,	out not an effect	ive time, at 12:	01 a.m. on th	ne earlier
ne 90th day after the record is filed.				
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Page 3 of 3

Filing Fee: \$25.00