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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: CMN_(INITED L	LC.	
SUBJECT. CTTT		ited Liability Company	
The enclosed Articles of Amer	dment and fee(s) are sub	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	MARIE S	. CADET	
		Name of Ferson	
_	CMN UNIT	ED LLC	20:
		Firm/Company	20 AI
	17470 17	29TH ROAD	25-T (2)
_		Address	
	MC ALPIN	F1 - 32062	2020 AUG 20 PH IN
_	11011111	FL 32062 City/State and Zip Code	
	MKSUVPTIS E-mail address: (1	to be used for future annual report notif) ication)
For further information concern			
MARIE S. CF	MET	at (<u>718</u>) <u>687</u> .	- 3885
Name of Perso	n		Telephone Number
Enclosed is a check for the foll	owing 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		Street Address: Registration Sec	
Division of Corpo P.O. Box 6327	rations	Division of Corp The Centre of Ta	
Tallahassee, FL 32	2314		Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company	()
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$	Janwary 3, 2017 and assigned
Florida document number L16000219 719	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020 TA
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	C C C
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:	
New Registered Office Address:	
Enter F	lorida street address
	. Florida

New Registered Agent's Signature, if changing Registered Agent:

CMN UNITED, LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	NATKINGCOLE CADET	17470 129TH ROAD	jXAdd
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effective o	ite, if other than date is listed, the date	must be specific	and cannot b	oe prior to da	e of filing or m	ore than 90 d	_ (optiona ays after filia	ng.) Pursuan	t to 605.02
<u>te:</u> If the cument's e	date inserted in thi effective date on th	s block does note Department	ot meet the of State's re	applicable	statutory filin	g requireme	nts, this da	ite will not	be listed
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