## L17-000000561

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	)
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## COVER LETTER

TO:	Registration Se Division of Cor		•	#* · · ·
CUDIE	CNCO, L.L			
SUBJE	CI:		ited Liability Company	
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		CNCO, L.L.C.		
			Firm/Company	
301 E. OAK RIDGE ROAD				
			Address	
		ORLANDO, FL. 32809		
			City/State and Zip Code	<del></del>
		standardautoservices407@g		
For furt	her information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notificall:	ation)
JOSE (	COBOS		973 796-8608	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	i.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

CNCO, L.L.C.			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compar	y were filed on 12/30/2016	and assig	gned
Florida document number L17000000561			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e 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:			<del></del> -
Mailing address MAY BE A POST OFFICE BOX)			
		1707 1707 1707	··
		55 <b>6</b>	
B. If amending the registered agent and/or registered	office address on our records, ent	er-the name of	f the n
registered agent and/or the new registered office address he	e <u>re</u> :	#: 6 10 10 10 10 10 10 10 10 10 10 10 10 10	1
		5; <b>:</b> (	Jan L.
Name of New Registered Agent:		200	
Novy Pagistanad Office Address		**************************************	
New Registered Office Address:	Enter Florida street address		
	, Florida		
<del></del>	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
MGR	JOSE E. COBOS	301 E. OAK RIDGE ROAD	
		ORLANDO, FL. 32809	Remove
			☐ Change
AMBR	CHRISTIAN CEDENO	301 E. OAK RIDGE ROAD	
		ORLANDO, FL 32809	Remove
			☐ Change
			Add
			Remove  Change  Add
			2 □ Ādd
		·	Change
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12/31/2016		
effective date, if other than the date of filing:	(optional)	turement to 605
e: If the date inserted in this block does not meet the applicable statut	tory filing requirements, this date wi	Il not be liste
ament's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effe ne 90th day after the record is filed.	ective time, at 12:01 a.m. or	the earlie
ne soun day after the record is filed.		
ed FEB 1st 2017.		
1 1		

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Typed or printed name of signee

Filing Fee: \$25.00