117000019522

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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ССТ:	CTPML, LU Name of Limi	ted Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspon	ndence concerning this matter t	o the following:			
		Law Off 3201 Tam Naples,	Anne Benitez Name of Person Firm/Company Niami Trail N, 2nd Address FL 34103 City/State and Zip Code	d Floor	2017 AUG SECRET	7
For fur	ther information co	n-mail address: (i oncerning this matter, please ea	o be used for future annual report notifica ill:	O O	250 H	
Po	Xanne 7 Name o	Person	at (239) 963- Area Code Daytime To	8432 Edephone Number 3	P 12: 15	
Enclos	ed is a check for th	ne following amount:				
y \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing ! Certificate of Certified Cop (additional copy	Status & Y	

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000019522</u>	were filed on 125	> \ \ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	ility Company "the designation "l	1 C" or the abbreviation 1 C"
<u>-</u>	my company, the designation of	——————————————————————————————————————
Enter new principal offices address, if applicable:		AR A TI
(Principal office address MUST BE A STREET ADDRESS)		
		100 × 750 ×
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties. provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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	Gabrielle Liebia (not Lieg)	3325 Westview Dr. Naples FC 34104	□ Add © Revise Name □ Remove
		<u> </u>	☐ Change
			Add
			□ Remove
		·	Change
			Remarken Remarks SEE: TLORING Remarks
			Change
		☐ Remove	
			Change
			□ Add
			Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
	.	
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	FLOS	
	- <u> </u>	
C. Effective date, if other than the date of filing:	filling.) Pursuant to 605.029	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a b) The 90th day after the record is filed.	i.m. on the earlier	of:
Dated August 4th 2017.		
Signature of a member or authorized representative of a member	Made and a line of a line	
Conrad Willkomm Typed or printed name of signee		

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Filing Fee: \$25.00