## L170000 40084

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Nam	e)
,	,	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2020 JAN TO PM 2: 26
SECRETARY OF STATE
TALL ATTACHMENT

O SIMMONS FEB 1 0 2020

## **COVER LETTER**

Tallahassee, FL 32314

	egistration Se ivision of Co			
SHD IF CT	,	SULTING AND MANAGEM	ENT LLG	
SUBJECT	:	Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		PAUL LABINER		
			Name of Person	
		LAW OFFICE OF PAUL	LABINER	
			Firm/Company	
		5499 NO FEDERAL HW	Y., SUITE K	
			Address	<del></del>
		BOCA RATON, FLORID	A 33487	
		<del></del>	City/State and Zip Code	<del></del>
		PAUL@PLABINERESQ.C		
		E-mail address: (	to be used for future annual report no	tification)
For further	information o	concerning this matter, please co	all:	
PAUL LA	BINER		561 998-2362 at ( )	
	Name o	n Person		me Telephone Number
Enclosed is	a check for the	he following amount:		
<b>■</b> \$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)
R	ailing Addrese egistration (		Street Address: Registration So Division of Co	
Ρ.	O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNA CONSULTING AND MANAGEMEN	NT LLC	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 1.17000040084	Company were filed on 2/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	2020 J Seor
CNA MANAGEMENT, LLC	5	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	hbreviaten "L.L.C."
Enter new principal offices address, if applicable:		- PP 1
(Principal office address MUST BE A STREET ADD	(TESS)	53 13 pmg
	F	26
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· ·		
·		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registe
Name of New Registered Agent:	,	
New Registered Office Address:		
-	Enter Florida street address	
	Florida	
<del></del>	Cin	Zin 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
			□Add
			□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			Change
			Change  Change  Change  Change  Change  Change  Change
		-	
			□Add
		□Change	
			□ Remove
			□Change
		<del>.</del>	□Add
			□Remove
			□Change

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Typed or printed name of signee

CORIN MARANTZ