

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

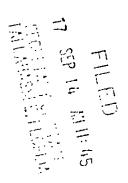
Office Use Only



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FILING CANCELLED RETURNED CHECK



D SCOTT SEP 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: CMT	Billing & (Consulting, U	<u>C</u>
The enclosed Articles of An Please return all corresponde			FILING CANCELLED RETURNED CHECK
	Chamai	Name of Person	res
	CMT B	Ung E Conau Finh/Company	lhyuc
	8574 Sano	by Beach St Address	reet
	Tampa,	The 33434 City/State and Zip Code	<u>f</u>
-	Chamoun E-mail address: (the doco yo	rt notification)
For further information conc			
Chamain M Name of Pe	noss-Towes	at (<u>\$13</u>) 7	aytime Telephone Number
			建筑
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

FILING CANCELLED RETURNED CHECK

CMT Billing & Conauthing, UC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 41317 and assigned
Florida document number <u>L17000084113</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Conversations with Characian, Coathury, and Consulting, LLC." The new name must be distinguishable and contain the monds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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 Pavietand Agents
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

	Manager = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	FILING CANCELLED		Remove
	RETURNED CHECK		Change
			□ Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.		FILING CA	ANCELLED	
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Page 3 of 3

Filing Fee: \$25.00