117000179055

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COVER LETTER

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enn in	en.	CEGLANS	KI ENTERPRISE LLC		
SUBJE	CT:				
			Amendment and fee(s) are sub	-	
r rease r	cturn	an correspon	CALVIN CEGLANSKI	to the rollowing.	
				Name of Person	
			CEGLANSKI ENTERPRI	SE LLC	
Firm/Company					
			1580 SW 17ST		
				Address	
			BOCA RATON, FL 33486	5	
			Ceglanskic (6) o E-mail address: (1	City/State and Zip Code Mail - Com to be used for future annual report noti	fication)
For furth	her ir	iformation co	oncerning this matter, please ca		
CALVI	N CI	EGLANSKI		978 8730819	
		Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	d is a	check for th	e following amount:		
≌ \$25.	.00 F	iling 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)
		Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	on

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



CEGLANSKI ENTERPRISE LLC

(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 Compar Florida document number <u>L17000179055</u>	ny were filed on $\frac{08/27}{1}$	2/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	<u></u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
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 registered agent and/or the new registered office address he		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		Zip Code
	-		

Thereby 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>	<u>Address</u>	Type of Action
VP	ADA CEGLANSKI	1580 SW 17ST	□ Add
		BOCA RATON, FL 33486	Remove
			Change
			Remove
			Change Addr
		 	Adan Adan
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fective date, if other than the date of filing: _ n effective date is listed, the date must be specific and can	not be prior to date of ti	ling or more than 90 day	(optional) is after filing.) Pursuant to 60)5.020
ote: If the date inserted in this block does not meet cument's effective date on the Department of State		ory filing requiremen	ts, this date will not be lis	ited a
record specifies a delayed effective date The 90th day after the record is filed.	, but not an effe	ctive time, at 12	:01 a.m. on the earl	ier (
SEPTEMBER 18 2	017			
ited	<u>, </u>			
1 1 -4				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00