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## **COVER LETTER**

ľO:	Registration Se Division of Cor			
ero ir	CMT Deve	elopment of Florida, LLC		
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Michael J Bundy Sr.		
		CMT Development of FL, L	Name of Person	<del> </del>
		5922 Main Street	Firm/Company	
		New Port Richey, FL 34952	Address	
		mike@sunistarealty.com	City/State and Zip Code	
		E-mail address; (i	to be used for future annual report notific	ration)
For furt	her information c	oncerning this matter, please ca	all:	
Michae	el J Bundy Sr.		727 992-3925 at ()	
-	Name o	d Person	Area Code Daytime	Felephone Number
Enclose	d is a check for the	he following amount:		
□ \$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)

MAILING ADDRESS:

TO:

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

CMT Development of Florida, 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 Company were filed on <u>09-16-20</u>17 and assigned Florida document number L17000199387 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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: (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 Registered Agent: New Registered Office Address: Enter Florida street address

## 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

\_\_. Florida \_\_\_\_

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
AMBR	SOOKNANAN, KAIMRAJ	2520 Big Pine Dr Holiday, FL 34691	□ Add
			■ Remove
		2520 Big Pine Dr. Holiday, FL	🗆 Change
AMBR	SOOKNANAN, HAIMRAJ	34691	Add
			Remove
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Filing Fee: \$25.00

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