## L17000 239800

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
CUDICAL	CYC	LLC	
SUBJECT:	Name of Limit	ted Liability Company	<del>,</del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<u> Yun</u>	Name of Person	ochez
	<u> </u>	Firm/Company	
	3648 Lel	Street Address	<del></del>
	N. St. Pet Vestosano	City/State and Zip Code  The Zyunier @ obe used for Miture annual report notified.	. 33710 gmail.com
For further information co	E-mail address: (to neerning this matter, please ca		reation)
Yunier R Name of	2. Sanchez Person	at (727) 3317 Area Code Daytime	- 99 & Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	S30.00 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 Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerual Tallahassee, FL 321	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C40	LLC
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000239800</u>	any were filed on $11-20-2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	on LLC
The new name must be distinguishable and contain the words "Limited L	diability 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 registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
Now Designated County County of showning Designated Ass	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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		·	Change
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		مدشا
E. Effec	ctive date, if other than the date of filing: (optional)	
<u>Note</u>	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.	.07 (3)(b as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.	of:
	d November 27. 2017.	
Dated	$\frac{d}{d} \frac{ OOO(1)OO }{ OOO(1)OO } = \frac{1}{d} \cdot \frac{ OOO(1)OO }{ OOO(1)OO }$	
Dated	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00