L18000076045

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COVER LETTER

TO: Registration Se Division of Cor			
	RTHWEST FLORIDA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIN MATHIS		
		Name of Person	
		Firm/Company	
	101 COUNTRY CLUB R	D	
		Address	
	PENSACOLA, FL 32507		
	DEVICE COL E OPERA E D	City/State and Zip Code	
	PENSACOLA@BELLABI	to be used for future annual report not	(ification)
For further information of	concerning this matter, please c		
CHRISTIN MATHIS		850 378-6617	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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 radditional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration So	ection
Division of Corporations		Division of Co	rporations
P.O. Box 631		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee.	にだ つてひ 14	Z410 IN. MORR	อง อดงงง อดเง อดเง อดเง

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMK NORTHWEST 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 MARCH 23, 2018 and assigned Florida document number 18000076045 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 "LAC" 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 , Florida

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.

City

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARY KENDALL BUTLER	302 N JOACHIM ST UNIT B	□Add
		MOBILE, AL 36603	=Remove
			□Change
			□ Add
			□Remove
			□Change
		TALLAHASSEE.	JURemove -
		1. The Control of th	B Hange F. Cadd □ Remove
			Greenove
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ffective date, if other than the	date of filing: be specific and cannot be prior to date of filing of	(optional)	(05.0303)
Note: If the date inserted in this blo	ick does not meet the applicable statutory f	or more than 90 days after filing.) Pursual Hing requirements, this date will not	nt to 605.0207 (t be listed as t
document's effective date on the De	partment of State's records.		
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th c	lay after the
Dated MAY BII			
	ON II		
	CIVIANA		

Filing Fee: \$25.00