# 11800018237

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

Office Use Only



800312317178

04/26/18--01020--022 \*\*25.00

18 APR 26 PM 3: 5

SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 2.7 2019

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CasmoCDeVell13 III
Name of Person  C.D.V. Property Management UC.  Firm/Company
5092 Ougchita Dri Address
lake worth Fl. 33467
City/State and Zip Code  COSMOD 5 89 2 6 6 mg//, CoM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
COSMO C, Devello III at (561) 707-3040  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \$\times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\times \text{Solution} \text{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

C. D.V. 5	ropert	y Managel	ment C	LC	
(,	d Liability Compai A Florida Limited L	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>18000</u> 782	bility Company	were filed on	g/ch 27,	<i>2018</i> and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	llity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the design	nation "LLC" or the a	bbreviation "L.I	J.C."
Enter new principal offices address, if applica	ble:			<del>=</del>	<del>- ∑o-</del>
Principal office address MUST BE A STREET	"ADDRESS)			**	
					FTAR) HASS
Enter new mailing address, if applicable:		_		3	
Mailing address MAY BE A POST OFFICE B	(OX)			မှ	108 A
					<u>8</u> m
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here	<u>2</u> :			of the new
Name of New Registered Agent:	Casno	C. DeVell Oughita Enter Floridas Worth	115 #		
New Registered Office Address:	5092	OU9Chifta Enter Florida s	D/, E street address		
	Lake	- Worth	, Florida _	3346	7
		Cuy		гр Соас	

### 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:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
MGR	COSMO	C. Devell3	II 5092	009 Ch. 79 Dr.	<b>_Æ</b> ≭dd
				· , ,	□ Remove
					Change
					Add
					Remove
			<del></del>		Change
		<del></del>			Add
			4		Remove
					Change
					□ Add
					□ Remove
					Change
					□ Add
					Remove
					□ Change
					□ Add
					_ Remove
					Change

		<u>'</u>			<del>_</del>	<u> </u>					_
											_
											_
		-		<u> -</u>						<b>≅</b>	ĪĀ.
							<u></u>			APR	LAHA
										- <del>26</del>	SSEE
							-			<del>ड</del> क्ष	. F.C.OF
										58	- 25.
											_
											_
	·										<del>-</del>
											-
											_
											_
an effective lote: If the		the date mused in this bl	st be specific ock does no	and canno t meet th	e applica		ng or more t	(op1 nan 90 days aft puirements, th	er filing.) Purs		
	specifies h day afte				but not	an effec	tive time	, at 12:01	a.m. on t	he earli	ier o
ated A	pri/	18, 3	20/8			_ •					
<b>—</b>	ļ		Mo	$C_{i}$	Delle	51/8 <u>-</u>	11/				
			O:	c		ized represe		ib			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00