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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACBOTAX CORP Account Number : 120190000033 Phone : (786)703-5142 Fax Number : (786)703-8148

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CAMILABALEETRO @ GMAIL. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CBC PLANS AND CONSULTS, LLC

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H20000384761 3 COVER LETTER

Registration Section
Division of Corporations

TO:

CBC PLAN	S AND CONSULTS, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CAMILA BALEEIRO CH	AMADOIRA	
		Name of Person	
	CBC PLANS AND CONS	ULTS, LLC	
		Finn/Company	···
	2240 MAGNOLIA DRIVE	:	
		Address	
	NORTH MIAMI, FL 3318	1	
		City/State and Zip Code	
	CAMILABALEEIRO@GM		
		to be used for future annual report not	dication)
For further information o	oncerning this matter, please ca	ıll;	
CAMILA BALEEIRO C	HAMADOIRA	917 628-6065 ai ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

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H20003847613 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBC PL	ANS	AND	CONSI	11	TS	1	C
			- C-1.71		- L LJ.		

(Name of the Lim	ited Llability	Company	gs it now	appears	on our	records.
	A Florida I	imited in	hility Con	לעמערו		

The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{03/28/20}{}$	18	and assig	gned		
Florida document number L18000079337							
This amendment is submitted to amend the following	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
N/A		_					
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the a	ibbreviation "L.L	.C."		
Enter new principal offices address, if applicable:		2240 MAGNOLIA DRIVE					
•		NORTH MIAMI, FL	33181		 .		
			designation "LLC" or the abbreviation "L.L.C." LIA DRIVE MI, FL 33181 Part of the interest of the name of the new registered of the new registered of the name of the new registered of the new registered of the name of the new registered of				
Enter new mailing address, if applicable:		2240 MAGNOLIA D	RIVE		Zip Code to comply with the iliar with and his document is		
<u> </u>	BOX)	NORTH MIAMI, FL	33181	<u></u>			
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1541 SUNSET DRIVE				1 7			
				- ;:			
agent and/or the new registered office addres	s here:		o, cater the na				
New Paristand Office Address:	1541 SUNSET	DRIVE SUITE 303					
New Megacies Office Framess.		Enter Florida st	reet address				
	CORAL GABI	LES	, Florida 33143				
		City	Zip Code				
New Registered Agent's Signature, if changing R	Registered Agent:	<u>:</u>					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this company has been notified in writing of this company.	er and complete stered agent as registered office	e performance of my of provided for in Chap e address, I hereby co	duties, and Lan ter 605, F.S. O	i familiar with r, if this docu limited liabili	n and ment is 'y		

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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

Title	<u>Name</u>	Address	Type of Action
MGR	CAMILA BALEEIRO CHAMADOIRA	2240 MAGNOLIA DRIVE	□Add
		NORTH MIAMI, FL 33181	□Remove
			≅Change
			□Remove
		 	
			□Add
			□Remove
			Change
			C]Add
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ective date, if other than the da a effective date is listed, the date must be	te of filing:		(on	tional)	
s effective date is listed, the date must be te: If the date inserted in this block current's effective date on the Depa	does not meet the ap	pplicable statutory	or more than 90 days of filing requirements, t	ter filing.) Pursuant to his date will not be	605.020 listed a
ecord specifies a delayed effective disfiled.	ste, but not an effecti	ive time, at 12:03 a	n.m. on the carlier of:	(b) The 90th day s	ifter the
NOVEMBER 5	2020				
ich	,	 :			
	gnature of a member or	Zemo-			_

Filing Fee: \$25.00