L18000131040

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS

JAN 13 2022



RECEIVED

2022 JAN 13 PM 2: 30

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALLAHASSEE, FL

December 7, 2021

KENNETH F BINGLE 3134 HATTON ST SARASOTA, FL 34237

SUBJECT: CB LAND SOLUTIONS LLC

Ref. Number: L18000131040

We have received your document for CB LAND SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00029350

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: CB Land Salution & LLC Name of Limited Liability Company			
SUBSECT	Name of Limi	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:	
		•	
	Kenneth f	Brughe	
		Name of Person	
	ER Land So	Firm/Company	
		Firm/Company	
	- 12111 -	1 6 7	
	3134 HaT	Address	
		V SEESA BELLI	
	SARASOTA	City/State and Zip Code	<u> </u>
		•	
	Ken Bingly	38 T. C. Maril Corr	~
			ation)
For further information c	oncerning this matter, please ca	ll:	
Kenne The	E. Single	at (<u>941)</u> 280 ~ Area Code Daytime T	4212
Name o	f Person	Area Code Daytime T	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fec &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(authorist copy is enerosed)	(additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Secti	(AD
Division of C		Division of Corpo	
P.O. Box 632		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ckhow of So	lationa 26C.	22 (**) 13 (r)	,, 3, 33
(Name of the Limiter	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number		-	and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicate (Principal office address MUST BE A STREET	ble:	gration LLC of the	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	gistered office address on our reconnects Kannath F. E. 3134 Harton S Enter Florida		
	Enter Florida	street address, Florida _	3423) 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kenneth F. B. zyle	3134 Hatlon ST. Serres.	72 DAdd
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			□Adđ
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	e date, if other than the date of filing: /-/3 - 2 2 (optional) tive 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 605.6	1 7 07
Effective f an effect	the same of things of the data of things of the data of things of the data of	das
fan effect <u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
fan effect <u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a second of the Department of State's records.	
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Filing Fee: \$25.00