# U8000139043

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Name	<del></del>
(Doe	cument Number)	
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Certified Copies	Certificates of	of Status
Special Instructions to I	Filing Officer:	





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### **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: () (°)	Jnd Up INJ Name of Limi	est ment CBWP ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Dernik G	Name of Person	
		Firm/Company	
	Cale Nunn La	Address	
		City/State and Zip Code  9 ma. / Com o be used for future annual report notifi	
	Cyn, 3124 @ E-mail address: (t	9 ma. / Com o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca		
Dernik G. C. Name of 1	7/17 Person	at (229 ) 2.00 51 Area Code Daytime	z 4 Telephone Number
Enclosed is a check for the	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 (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

Ground Up It	ity Company as it now appears on our records.) a Limited Liability Company)
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 615118 and assigned 3.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	<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 agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d 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, <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	Derrick Lynn	66 NUAN Rd HAVANA FC 3233	R □ Xdd
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fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days tote: If the date inserted in this block does not meet the applicable statutory filing requirements	s, this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:	:01 a.m. on the earlie
The 90th day after the record is filed.	
nted <u>C/13/2018</u> ,	<b>2</b> 2
12 1 D L D	
Signature of a member or authorized representative of a member	TAN DE PER
	第8 3 三
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00