

L18000157944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

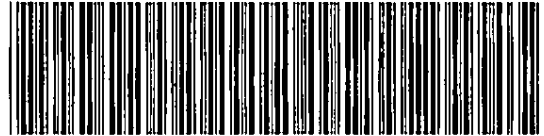
(Document Number)

Certified Copies _____ Certificates of Status _____

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Free Amendment

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STATE COURT OF FLORIDA
TALLAHASSEE, FLORIDA

AUG 24 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPB 1

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN WOOLF

Name of Person

CPB 1

Firm Company

4266 US HWY 98 N

Address

LAKELAND, FL 33809

City, State and Zip Code

KEVIN@TAYLOR.CAPITAL

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN WOOLF

913

234-7897

At ()

Name of Person

Area Code

Daytime 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 \$10.00)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is \$10.00)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cannon Building
2601 Executive Center Circle
Tallahassee, FL 32307

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CPB 1

(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 6/27/2018 and assigned
Florida document number L18000157944

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CPB 1 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

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

City

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. On 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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1D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be noted as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 21 2018

Signature of a member or authorized representative of a member:

Kevin West
Typed or printed name of signer

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Filing Fee: \$25.00

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