L18000200744

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO:	Registration Se Division of Cor	ection porations	•	
SUBJ	ECT: <u>CM</u> D_Le	easing and Holdings, U.C. Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Jalee Davis	Name of Person	····
		CMD Leasing ar	nd Holdings, LLC	
			Firm/Company	
		585_Fo <u>rest</u> Shore	e_Drive Address	<u></u>
		Miramar Beach,	FL 32541	
			City/State and Zip Code	
		cmdlandh@gmail.		
		E-mail address: (to be used for future annual report not	itication)
For fur	ther information c	oncerning this matter, please ca	all:	
Ja	lee Davis		at (<u>850</u>) <u>226-90</u> 3	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
፟ \$2	5.00 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

CMD LEASING AND	HOLDINGS, LLC	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 8/22/201	8 and assigned
Florida document numberL18000200744	<u>·</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
CMD POWER AND DESIGN, LLC		
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	585 FOREST SHORE D	DRIVE
(Principal office address MUST BE A STREET ADD	<u>MIRAMAR BEACH, F</u>	L 32550
		
Enter new mailing address, if applicable:	585 FOREST SHORE	DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	MIRAMAR BEACH, F	L 32550
		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		cords, enter the name of the new
		0:0
Name of New Registered Agent:		0
New Registered Office Address:		
	Enter Florida street a	uddress
	C'.	, Florida
	$Cii_{\mathcal{V}}$	Zıp 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 =	AMBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
_	
•	
•	
<u>Vote:</u>	ive date, if other than the date of filing: [coptional] fective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ient's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	<u>october 15</u> . 2019
	Signature of a member or authorized representative of a member
	JALEE DAVIS Typed or printed name of signee

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Filing Fee: \$25.00