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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C+Z Development L. L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sheri Miler Name of Person
C+Z Developmen+L.L.C.
1914 Oak Street
Sarasota FL 34236 City/State and Zip Code
E-mail address: (to be used for future) annual report notification)
For further information concerning this matter, please call:
Sheld MileR at 305 510, 3153 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee \$\sum \\$55.00 Filing Fee & \$\sum \\$60.00 Filing Fee, Certificate of Status \$\sum \\$(additional copy is enclosed)\$ 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

	Oi	•	<u> </u>
(Name of the Limited	De Volu Liability Compan Florida Limited Li	y ak it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number <u>14/8000313</u>	oility Company v 3443	vere filed on <u>9/4</u>	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of t	-	ity aominany horos	
same as above			
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicate Principal office address MUST BE A STREET	ole:		"LLC" or the abbreviation "L.L.C." 5 PRC UIDISK / ISTER
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	Some as	previously listed
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter the name of the new</u>
Name of New Registered Agent:	Same		<u> </u>
New Registered Office Address:	<u>Same</u>	Enter Florida street a	uldress
		City	_, Florida Ziv Code
		**************************************	t

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Sheril Miller	1914 Oak Street Sarasofa, FL 34236	& Add
			Remove
			Change
			Add
			□ Remove
			Change
			A
			Remove Change
			Change
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change

-	I did not know That I needed
_	to list my name in the authorized
_	Member Section - Thought it
-	would list me since my name
-	was in Several other places.
-	
_	
-	
-	
-	
-	
-	
_	
Effecti	ive date, if other than the date of filing: Should be effective decive 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 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sent'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 0 90th day after the record is filed.
rs a t	Sotom hon 12 2018
Dated _.	The Day DA
	Signature of a member or authorized representative of a member
	•

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Filing Fee: \$25.00