L18000 235 248

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2019 AUG 12 P2 2:54
SECRETARY OF STATE
TALLAHASSEE.FLORIDA

and 15 203 T. Lengleux

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CPO OF Florida LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Sara E. O'Leary Name of Person
CPO of FloodalLC Firm/Company
13103 Devonshire Rd.
Oplando, FL 32832 City/State and Zip Code
E-mail address: (Jo be used for future annual report notification)
For further information concerning this matter, please call:
Sara F. O'Learly at (407) 319-6523 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$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

CPO of Florida LLC.	FILLU
(Name of the Limited Liability Compar (A Florida Limited L	is as it now appears on our records.)
	2019 AUG 12 P 2. 54
The Articles of Organization for this Limited Liability Company	were filed on 10/4 //S OF STATE and assigned
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000235248}{L15000235248}$.	TALLAHASSEE, FLORIUA
This amendment is submitted to amend the following:	f
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
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 off 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 agre provisions of all statutes relative to the proper and complete p	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Sara E. O'Leary	13103 Devonshire Rol	5 Add
	,	13103 Devonshire Rd Orlando, FL 32832	Remove
			B Change
VP	Christopher P. O'Lenry	13103 Devonshire Rd.	
	·	Orlando, FL 32832	□ Remove
			ADChange
			Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
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i an effe <u>Note:</u>	ve date, if other than the date of filing: 7/26/19 (optional) serive 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 ent's effective date on the Department of State's records.
	ord 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.
The	90th day after the record is filed. 7/26/19 54/4 26. 2019.
The	90th day after the record is filed.

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Filing Fee: \$25.00