



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CEO 4052, LLC  
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:

Edith Ourfali

Name of Person

Firm/Company

19900 E COUNTRY CLUB DR. APT 305  
Address

AVENTURA FLORIDA 33180  
City/State and Zip Code

eshveid@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edith Ourfali

Name of Person

at (305) 336 3392

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 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CEO 4052, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 JAN 11 10:05

The Articles of Organization for this Limited Liability Company were filed on 01/11/2019 and assigned Florida document number L19000010485.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)*

19900 E COUNTRY CLUB DR.

APT 305

AVENTURA FLORIDA 33180

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

19900 E COUNTRY CLUB DR.

APT 305

AVENTURA FLORIDA 33180

**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:

Edith Murfali

New Registered Office Address:

19900 E COUNTRY CLUB DR. APT 305

*Enter Florida street address*

AVENTURA

*City*

Florida

33180

*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. 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.*

Edith Murfali

If Changing Registered Agent, Signature of New Registered Agent



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

change manager address :  
19900 E COUNTRY CLUB DR. APT 305  
AVENTURA FLORIDA 33180

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 08, 2020.

Chouly Durfali  
Signature of a member or authorized representative of a member

CHOULY DURFALI  
Typed or printed name of signee