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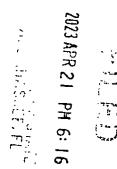
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COVER LETTER

	Registration Se Division of Cor				
OPP IF O		FAMILY LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Charles A Beard			
			Name of Person		
		CBMultifamily LLC			
			Firm/Company	····	
		50 N Laura Street Ste 2500)		
			Address		
		Jacksonville, FL 32202			
			City/State and Zip Code		
		charlie@ebmultifamily.com			
			to be used for future annual report notif	fication)	
For furthe	er information c	oncerning this matter, please c	all:		
Charles E	Beard		904 334-3620 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	ction	
Division of Corporations			Division of Cor	Division of Corporations	
	P.O. Box 632		The Centre of T		
-	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBMULTIFAMILY LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L.	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company velocida document number $\frac{L19000031132}{L19000031132}$.	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> l	lity company here:
CBMULTIFAMILY PLLC	
The new name must be distinguishable and contain the words "Limited Liability"	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	23 AB 171
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	PH 6: 16
3. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	fEmer Florida street dddress Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreorovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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 Authorized Member	1	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
		<u>/</u>	☐ Change
			□Add
			Remove
			Change
		· /	□Remove
			□Change
			🗆 Add
		. /	Remove
			□Change
			□Add
			□Remove
			□Change

	nverting the business into a law firm and the Florida Bar requires the addition of a "P" in front of "LLC"
"P'	stands for "Professional"
	
<u>, </u>	
m effect <u>pte:</u> H	date, if other than the date of filing: March 1, 2023 (optional)
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	oril 19
ared Ar	

. .

Filing Fee: \$25.00