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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	CVL & Pany	trees LLC		
•	Name of Limi	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	Christie	Name of Person	nden	
		Name of Person		
	CVL	l Partiers		
		Firm/Company	_ _	
	1331 Bouch	Address FL 33 City/State and Zip Code	, 1406)
	\mathcal{M} .	121 23	131	
	1 bears	City/State and Zin Code	·)(
	CVA	1 SHMDENIO	GMALL	(014)
-	E-mail address: (to	LE.H MDENCO be used for future annual re	port notification	on)
For further information conc				
			055	2271
Name of Per	difierder	at (<u>7-2-7</u>) Area Code	Daytime Tek	phone Number
•			•	•
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed)	☐ \$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 2019 ATS -1 AM 10: 04 TO ARTICLES OF ORGANIZATION ...

OF

CVL	(,	Partnew L	LC	
(Name of the Limited I	Liability Con Florida Limite	ipany as it now appe ed Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi		ny were filed on _	3/22/1	and assigned
This amendment is submitted to amend the followi	ing:			
A. If amending name, <u>enter the new name of th</u>	<u>e limited li</u>	ability company	<u>here</u> :	
The new name must be distinguishable and contain the words	s "Limited Lis	ability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		_	
Principal office address MUST BE A STREET.	(DDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records,	enter the name of the ne
Name of New Registered Agent:		_ _		
New Registered Office Address:				
		Enter Fl	orida street address	
-		City	Flori	da Zip Code
New Registered Agent's Signature, if changing Regi	istered Ager	<u>ıt:</u>		·
hereby accept the appointment as registered a provisions of all statutes relative to the proper c accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	and comple red agent a istered offic	te performance c s provided for in	of my duties, and Chapter 605, F.S	I am familiar with and S. Or, if this document is
	ĪfCI	hanging Registered /	Agent, Signature of N	lew 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr.	Goy con Shoder	3 Catherine Pl	🗆 Add
	0	London	Remove
		SWIEGOX, UK	Change
M	Kathlein Gilorore	3 Catheine (1	🗆 Add
		London SWIE 6DX	Remove
		UK	Change
M	Nick um Leherder	3 Catherie P1	Add
		London SWIE. 60X	Remove
		UK	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

D.	lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. ,	
		
٠		
(1	lf an ei <u>Note:</u>	tive date, if other than the date of filing: 3/22/19
If th (b)	ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
1	Dated	June 73 2019 Con Sporder &
		Signature of a member or authorized representative of a member
		Christine von Lehnden Typed or printed name of signee
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00