# 1190000 93915

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration S Division of Co		
	CNVR LLC	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
riease return all corresp	pondence concerning this matter to the following:	
	AZUREDE ROSS	
	Name of Person	
	MERIDIAN PARTNERS LAW P.A.	
	Firm/Company	
	4923 W. CYPRESS STREET	
	Address	
	TAMPA, FL 33607	
	City/State and Zip Code AZUREDE@MERIDIANPARTNERSLAW.COM	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
AZUREDE ROSS	813 443-5260 at ()	
Name (	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status	itus &

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

REL-128 CNVR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{4/4/19}{2}$ and assigned Florida document number L19000093915 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: REL-128 CRNV LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the aboreviation 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 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: New Registered Office Address: Enter Florida street address , Florida

### 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the da	te of filing:		lambia	.m.a.l\		
If an effective date is listed, the date must be	specific and cannot be prio	r to date of filing or me	option (option or than 90 days after	filing.) Purs	uant to (	605.0207
<u>Note:</u> If the date inserted in this block document's effective date on the Depart	rtment of State's records	cable statutory timis	g requirements, this	date will r	iot be i	isted as
he record specifies a delayed ef The 90th day after the record		ot an effective ti	me, at 12:01 a	.m. on tl	ne eai	rlier of
Dated APRIL 24	2019					
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Typed or printed name of signce

Filing Fee: \$25.00