L19000104491

(Requestor's Name)		
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City/State Din/Dhave th		
(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
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C. GOLDEN MAY 1 3 2019

	C	OVER LETTER	
TO: Registration Sec Division of Corp			
SUBJECT: CP	REST T535, LL		
		l Liability Company	
The main and Antiplus of	Annual condition (a) and make the	the filling	
	Amendment and fee(s) are submi		
Please return all correspon	ndence concerning this matter to	the following:	
	Stephanic	waee	
	,	Name of Person	
	<u></u>	Firm/Company	
	DETA SULVA		
	2579 SW 87	Address	
	Gainesville	FL 31609	
		City/State and Zip Code	
	E-mail address: (10)	De Ised for future annual report notif	fication)
For further information co	ncerning this matter, please call:		
Stephunic	uua c.C	at (352) 333-	9333
Name of	Person		e Telephone Number
Enclosed is a check for th	e 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 Sta Certified Copy (additional copy is er
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLE	S OF AMENDMENT	
	то	
ARTICLES	OF ORGANIZATION	
	OF	
CP REST TE	25 11 0	2019 APR 29 AM 9:08
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)	
(A Florida	Limited Liability Company)	William BSFEll
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>April 16, 20</u>	
Florida document number <u>L19000104491</u>		
This amendment is submitted to amend the following:		
This amendment is sublimed to amend the following.		
A. If amending name, enter the new name of the limit	ted liability company here:	
<u>CP REST T545, LL</u>	C	
The new name must be distinguishable and contain the words "Limi	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis registered agent and/or the new registered office addi		enter the name of the new
Name of New Registered Agent:		
<u></u>		=-

	Enter Florida street address		
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Page 1 of 3

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

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AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effect	ive date, if other than the date of filing:	(optional)
Note:	If the date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the a	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) pplicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's re-	ords.
If the re	ford specifies a delayed effective date by	t not an effective time, at 12:01 a.m. on the earlier of:
(b) The	90th day after the record is filed.	chocan enective time, at 12.01 a.m. on the earlier of:
		r-
Dated		
Dated		
	// A	V
	Signature of a momber of	authorized representative of a member
	S1/0 in F	urkalbatio
	Typed or	prijited name of signee
	1	Page 3 of 3

Filing Fee: \$25.00