

L19 000297341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

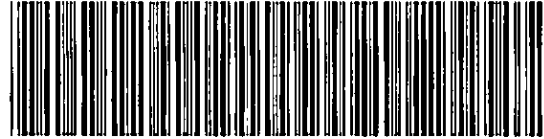
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/20--01016--004 **35.00

R. WHITE
JAN 20 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

MERCEDES DEBORA REYES
SHALOM BUSINESS & ACCOUNTING
3251 SW 67 AVENUE
MIAMI, FL 33155

SUBJECT: CBLIFE LLC
Ref. Number: L19000297341

We have received your document for CBLIFE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 920A00023148

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CB LIFE 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:

MERCEDES DEBORA REYES

Name of Person

SHALOM BUSINESS AND ACCOUNTING

Firm/Company

3251 SW 67 AVENUE

Address

MIAMI FL 33155

City/State and Zip Code

MERCY@SHALOMACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERCEDES DEBORA REYES

305 519-7490

Name of Person

at ()

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**

CB LIFE 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 12-05-2019 and assigned
Florida document number 119000297341.

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:

17620 SW 108 COURT

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33157

Enter new mailing address, if applicable:

17620 SW 108 COURT

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33157

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:

ELSA MUNOZ

New Registered Office Address:

17620 SW 108 COURT

Enter Florida street address

MIAMI

Florida 33157

City

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.

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
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CALERO, YONATHAN ENRIQU	17620 SW 108 COURT	<input type="checkbox"/> Add
		MIAMI FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELSA MUNOZ	17620 SW 108 COURT	<input checked="" type="checkbox"/> Add
		MIAMI FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PS	CALERO, YONATHAN ENRIQUI	17620 SW 108 COURT	<input type="checkbox"/> Add
		MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

10/05/2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00