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MAR 0 2 2020 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: CTOB LLC		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Christopher O'Brien		
		Name of Person	··· ·
	CTOB LLC		
		Firm/Company	
	3071 30th Court		
		Address	
	Jupiter, Florida 33477		
		City/State and Zip Code	
	ctobrien15@yahoo.com	o be used for future annual report	notification)
			invarieum (
For further information cor	icerning this matter, please ca	.11:	
Christopher O'Brien		at (203) 59840	
Name of I	Person	Area Code Da	ytime 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CTOB LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	Limited Liability Con	npany)	OF S	U
The Articles of Organization for this Limited Liability Co	ompany were filed	on 1/03/2020	an d a ssi	igned
Florida document number L20000010276	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability comp	any here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company	y." the designation "LLC"	or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<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 registered agent and/or the new registered office addresses and the registered office addresses and the registered office addresses and registered office addresses and registered office addresses and registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent		ess on our records,	, enter the name (<u>of the new</u>
Name of New Registered Agent:				
				
New Registered Office Address:	Ex	nter Florida street address	,	
		. Flo	rida	
	Ciţ _i		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>	Address	Type of Action
MGR	Christopher O'Brien	3071 30th Court, Jupiter, FL 33	477 Add
			Remove
			Change
			Remove
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			🗆 Remove
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			□ Remove
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Signature of a member or authorized representative of a member		
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Christopher O'Brien		

Page 3 of 3

Filing Fee: \$25.00