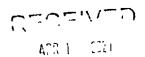
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COVER LETTER

TO:	Registration S Division of Co	ection rporations		•	•
		erprises, LLC (note the typo in	the name)		
SUBJEC	СТ: <u> </u>		nited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		JOHN C. MADDOX			
			Name of Person		
		CMX Enterprises, LLC			
			Firm/Company		
		12917 Hunt Club Road N.			
		· · · · · · · · · · · · · · · · · · ·	Address	 .	· ·
		Jacksonville, FL 32224			
		madd7244@comcast.net	City/State and Zip Code		
		E-mail address: (to be used for future annual (report notification)	
		concerning this matter, please c	all:		
John C.	Maddox		904 382	2-8735	
.	Name c	of Person	at () Area Code	Daytime Telepho	ne Number
Enclosed	is a check for t	he following amount:			
■ \$25.	00 Filing Fec	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is encl		\$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

CMX Entyerprises, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company L20000028369 Lorida document number	y were filed on	1-22-2020	_ and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial CMX Enterprises, LLC	bility company here	::	
The new name must be distinguishable and contain the words "Limited Liab	ofity Company, the desi	gnation "LLC" or the abbre	viation "E.L.C.
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			202
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Inter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	77
Mailing address MAY BE A POST OFFICE BOX		: 7 (*	
		蓋上	്. .
			_ o
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our rec	ords, <u>enter the name o</u>	f the new regis
New Registered Office Address:			
	Enter Florida	i street address	
		, Florida	
	Ciņ		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 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
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Do	be specific and canck does not mee	nnot be prior to c it the applicabl	late of filing or more e statutory filing ((option than 90 days after frequirements, this	ling.) Purs	uzint to 605.0207 tot be listed as
e record specifies a delayed effective d is filed.			, at 12;01 a.m. on	the earlier of: (b)	The 90tl	h day after the
April 15		2021				
Dated	CM	Ass	ed representative of			