## L200000 43972

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## **COVER LETTER**

TO:	Registration Se Division of Cor						
eub ic	CBR Centra	at, LLC					
SUBJE	· · · · · · · · · · · · · · · · · · ·						
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Christian B. Robertson					
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>			
		CBR Central, LLC					
	Firm/Company						
	PO Box 700031						
		Address					
	St. Cloud, FL 34770						
			City/State and Zip Code				
		cbrobertsonandcompany@gmail.com  E-mail address: (to be used for future annual report notification)					
For furt	her information c	oncerning this matter, please c	•	,			
Christia	n B. Robertson		407 301-8424				
Name of Person				e Telephone Number			
Enclose	d is a check for th	ne following amount:					
■ \$25	.00 Filing Fee	S30.00 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

CBR Central, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L20000043972	02/10/2020 and assigned
Torida document number	
his 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	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	73
Principal office address MUST BE A STREET ADDRESS)	
	0
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	చ
3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	r records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	Florida street address
	, Florida
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 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	Charles B. Robertson	PO Box 700031	<b>∃</b> Add
		St. Cloud, FL 34770	□Remove
			☐ Change
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fective date, if other than the date of filing:    Observe of the 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 total. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.    Consider the date in the date of filing is provided by the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.    Consider the date is filed.   Consid	·		
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Signature of a member or authorized representative of a member  [cective date, if other than the date of filing:			<del>.</del>
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Filing Fee: \$25.00