

L20 0000 71299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

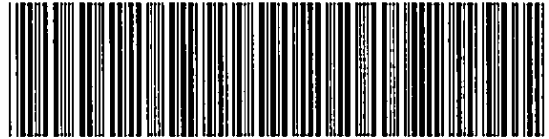
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Call*

Office Use Only



600348842336

07/24/20--01019--028 \*425.00

RECEIVED

JUL 21 2020

DEPARTMENT OF  
CORPORATION  
111 ADAMS STREET  
MILWAUKEE, WI 53202

2020 OCT -1 AM 9:34

FILED

OCT 19 2020

S. YOUNG



20200903 12:59

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2020

STEPHANE FILLIATREAU  
CPT CONSULTING SERVICES LLC  
170 SE 14 STREET STE 1701  
MIAMI, FL 33131

SUBJECT: CPT CONSULTING SERVICES LLC  
Ref. Number: L20000071299

We have received your document for CPT CONSULTING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 320A00016907

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CPT Consulting Services 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:

Stephane Filliatreau

Name of Person

CPT Consulting Services LLC

Firm/Company

170 SE 14 Street, Suite 1701

Address

Miami, Florida

City/State and Zip Code

mcamposeptg@icloud.com

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

For further information concerning this matter, please call:

Stephane Filliatreau

786

5436799

at ( )

Name of Person

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**

CPT Consulting Services LLC

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

**FILED**  
2020 OCT - 1 AM 9:34  
STATE OF FLORIDA  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03-04-2020 and signed  
Florida document number L20000071299.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

1110 Brickell Avenue

Suite 430K-180

Miami, Florida 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1110 Brickell Avenue

Suite 430K-180

Miami, Florida 33131

**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: Maria H. Campos

New Registered Office Address: 1110 Brickell Avenue, Suite 430K-180

*Enter Florida street address*

Miami

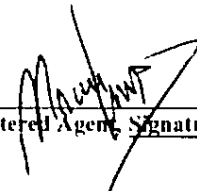
*City*

Florida 33131

*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	Maria H. Campos	1110 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 430K-180	<input type="checkbox"/> Remove
		Miami, Florida 33131	<input type="checkbox"/> Change
MGR	Stephane Filiatreau	170 SE 14 Street, # 1701	<input type="checkbox"/> Add
		Miami, Florida 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

