L20000176377

(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:
1

Office Use Only



100356471391

01/15/21--01020--017 **25.00

2021 JAN 15 PH 3:38

2/19/2/

COVER LETTER

JBJECT:	Name of Limi	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	MARTHA B CARPINTER		
		Name of Person	
		Firm/Company	
	6455 W 27 AVE APT 12		
		Address	
	HIALEAH FL 33016		
	carpinterobetty@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
MARTHA B CARPINTI	ERO	305 542 1342	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000126327</u>	were filed on 5/11/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
C&K PROFESSIONAL SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		A T
D. J. Marie Warmillanklar		E D
Enter new mailing address, if applicable:		<u>_</u> ယ္
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	ne name of the new regi
N D 1 107 111 11		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

C&K PROFFESIONAL SERVICES LLC

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:

or removed from our records.		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Change
			□Remove
			□Change
			□Add
			287 Remove
			Add
			ည သ ⊖ □Remove
			Change
 			
			□Remove
			☐ Change
			□Remove
			□Change

		 -
		
		_
		·
		_
		
	.021 J	
	AN	1
		\mathbf{m}
	ن- 	-
	 —————————————————————————————————	
		,
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional)	60.5.000
Note: If the date inserted in this block does not meet the applicable statutory film	nore than 90 days after filing.) Pursuant to ng requirements, this date will not be	listed as
document's effective date on the Department of State's records.		
	on the aurlier of the The 90th days	after the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. d is filed.	of the earner of. (b) The 90th day of	arret the
Dated 01/07/2021		
A CA		
Signature of a member of authorized representative	e of a member	_

Typed or printed name of signee