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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: MA	Name of Limit	1114 Self VI (V) ted Lipbility Company	<u>CLC</u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Jasmine B	Name of Person	<del></del>
	May ELC	Firm/Company	CES LLC
	1007 N Fel	Meral Highway	<u> 4111</u>
	FUH LAUGE	City/State and Zip Code	304
	DY I UNI A A SE-mail address: (t	N/11 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	CUDO COM
For further information c	oncerning this matter, please ca	ıll:	
Jasmine Name o	Biown f Person	at (754) 2:34 Area Code Daytime	USBY e Telephone Number
Enclosed is a check for the	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**

ARTICLES OF C	O ORGANIZATION OF
MUIDEZ CIUILIO (Name of the Limited Liability/Comp. (A Florida/Limited	ORGANIZATION OF Ony as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $12000177294$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Add to the limited liab  The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1007 North Federal Mighway # 111 Fort Laudervare Ft 33304 (Same address)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Same addiess) 1007 N Federal Highway #111 Fort LUVALIAGIE FI 33304
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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
AP	Micule Campbell	713 NW 10 Ter Apt 102	7 □Add
		Fort Lauderdale F1 333	[DKemove
			□ Change
MGR	Jasming Brown	533 NW 14th AVE APIR	
		Fort Lauderdale H 333	□Remove
			□Change
			□Add
			□Remove
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		<u> </u>	🗆 Add
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(If an eff Note:	ive date, if other than the date of filing: <u>J. J. J</u>
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	AUGUST 13 . 2020.
	Signature of a member or authorized representative of a member
	7/,