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Division of Corporations

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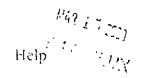
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN "THE TUB" DIPPING BOWL LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu



* Page: 3 of 5

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

*THE TUB" DIPPING BOWL LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/02/2021}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CNP DREAM TEAM LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, entengent and/or the new registered office address here:	er the name of the new registered
Name of New Registered Agent:	*
	- • •
New Registered Office Address: Enter Florida street addr	
	Florida
Cin;	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.

_ □Cliange

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□Add
			⊡Remove
			TChange
			□Add
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		- 45	□Change
			□Remove

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is filed.	•						
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