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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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09/19/21--01009--030 \*\*28.00

### **COVER LETTER**

Division of Corporations
SUBJECT: C5 Enterprise 600P OF FL 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:
Martha Chaves Name of Person
RapidTax Solutions & More Firm/Company
2800 Michigan Ave Suite A
Kissinnee, FL 34744 City/State and Zip Code
rapid tax FLE outlook. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Martine Charles  at (407) 415-44-65  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

### Mailing Address:

TO:

Registration Section

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 Compar (A Florida Limited L	Droup of FU (  as it now appears on bur records.)  ability Company)	<u>LC</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>42100090365</u> .	were filed on $02/23/21$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	Zin Chula
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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>	Address	Type of Action
<u>_P</u>	Corlos Garces	11508 Westward Blyd Apt 31	7_□Add
		Orlando, FL 32821	Remove
			Change
AMBR	Carlos A. Farces	11500 Westwood Blyd Apt 317	·_ ivAdd
		Orlando, FL 32821	□Remove
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effective date is listed e: If the date inser	er than the date d, the date must be sp rted in this block do date on the Departn	ecific and cannot ses not meet the	be prior to date of applicable statu			ling.) Pursuant to	
cord specifies a del s filed.	layed effective date	, but not an effe	ective time, at 12	:01 a.m. on the e	arlier of: (b)	The 90th day a	ifter the
plut by	29th		721				
	Signal	ture of a member	or authorized repr	esentative of a mer	nber		
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E:1: E #55.00