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COVER LETTER

	stration Section ion of Corporation	s		. 4	-
	CENTRAL FLORIC	DA PRO SOURCE, LL	.c	•	
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed	Articles of Amendm	ent and fee(s) are subr	nitted for filing.		
Please return	ill correspondence c	oncerning this matter t	to the following:		
	DAV	'ID GARCIA DEL VA	ALLE		
			Name of Person		
	CEN	TRAL FLORIDA PRO	O SOURCE, LLC		
	-		Firm/Company		
	400 1	FILBERT AVE			
		-	Address		
	PAL	M BAY FL 32907		`	
		 	City/State and Zip Code		
	CENT	F-mail address: (1	OTMAIL.COM to be used for future annual repor	notification)	
For further in	formation concernin	g this matter, please ca		,	
		8	786 820-886	65	
DAVID GAI	CIA DEL VALLE		at ()	aytime Telephone Number	
	Name of Person		Area Code D	aytime reteptione Number	
Enclosed is a	check for the follow	ring amount:			
□ \$25.00 F		0.00 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	
Reg Div P.C	ling Address: istration Section ision of Corpora . Box 6327 lahassee, FL 323	tions	The Centre 2415 N. M		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA PRO SOURCE, LLC

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(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rec	cords.)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Compar	y were filed on 04/22/2021	and assigned		
Florida document number L21000188674				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	bility company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	400 FILBERT AVE PALM	1 BAY FL 32907		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	new mailing address, if applicable: 400 FILBERT AVE PALM BAY FL 32907			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic	e address on our records, <u>en</u>	ter the name of the new regis		
agent and/or the new registered office address here:				
Name of Nam Boyistared Aponts				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street aa	ddress		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Ager	- ,	r		

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>	<u>Address</u>	Type of Action
MGR	SIMMONDS, NATHALIE AURA	1014 CORBIN CT OVIEDO, FL 32765	🗆 Add
			Remove
			□ Change
			□ Add
			🗆 Remove
			□Add
			□Change
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			□ Remove
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N/A						_
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		10/06/2023		(m m d	sional)	
Affective date, if other that an effective date is listed, the date	n the date of tiling ate must be specific and	g:l cannot be prior to	date of filing or mo	re than 90 days afte	er filing.) Pursuant to 60	05.0207 (
Note: If the date inserted in	this block does not r	nect the applicabl	e statutory filing	requirements, th	is date will not be li	sted as tl
locument's effective date on	the Department of S	state's records.				
	oo	Continue times	. a. 12:01 a.m. a	n the earlier of: I	(b) The 90th day af	er the
record specifies a delayed e d is filed.	nective date, but not	an effective time	z, at 12.01 a.m. o.	ir the carrier or.	(o) The your day ar	
Dated		, 2023				
	XI		-			
)(\)			Ca mambar		
	Signature of a	member or authoriz	zea representative t	it a memoer		

Typed or printed name of signee