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COVER LETTER

Division of Corp				
SUBJECT: <u>CNV</u>	Parting Name of Lim	Solution) ited Liability Company	LLC	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Chades	EACE Name of Person		
		Firm/Company		
	631 Lage	Address	ircle	
	Parama	City/State and Zip Code	F132408	0
	E-mail address: (to be used for future annual report notifi	,	٠
For further information co	oncerning this matter, please ca	all:	77	
Charles Name of	Entrekin Person	at (<u>\$50)</u> <u>358 "</u> Area Code Daytime	15 6 2 = Elephone Number 2	.T .D
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNV Part Co	Lability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 5 12 2021 and assigned	
This amendment is submitted to amend the follow	ing;	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name most be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET).	ADDRESS)	_
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BO	<u></u>	_
R If amonding the registered agent and/or	registered office address on our records, enter the name of the	7 <u>4</u>
registered agent and/or the new registered offic		new
Name of New Registered Agent:	<u> </u>	_
New Registered Office Address:	Enter Florida street address	_
	. Florida	
	City 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.

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
MGR	Charles Entretion	631 Lagoon Oaks Cir	✓Add
		1631 Lagoon Daks Cir Panama City Beach	□ Remove
		F1 32408	
			Add
			□ Remove
			Change
			
			— □ Remove : / □ □ Change
			22 Ta Add 7
			□ Remove
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if)	necessary.)	
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E. Effective date, if other than the date of filing:	optional) = =	7
(If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.	01 a.m. on the earli	ier of:
Dated 5-26-21		
Signature of a member or authorized representative of a member		
Charles Enteking Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00