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(Re	equestor's Name)	
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Office Use Only



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	tration Section on of Corpora					
C SUBJECT: _	B5 OF CENT	RAL FLORIDA				
SOBJECT		Name of Limi	ted Liability Company			
The enclosed A	Articles of Ame	endment and fee(s) are subr	mitted for filing.			
Please return al	ll corresponder	nce concerning this matter t	to the following:			
		BIANCA BIANCA				
	-		Name of Person			
	(CB5 OF CENTRAL FLOR	IDA			
	-		Firm/Company			
		840 LAKE BISCAYNE W.	AY			
	•	.,	Address			
		ORLANDO, FL 32824				
			City/State and Zip Code			
	- L:	NFO@TALEACCOUNTIN	o be used for future annual report notif	ication)		
For further info	ormation conce	erning this matter, please ca		·		
BIANCA FLO	PR		202 270-4363 at ()			
	Name of Per	son	Area Code Daytime	e Telephone Number	ing Fee,	
Enclosed is a cl	heck for the fo	ollowing amount:				
■ \$ 25.00 Fili	ing Fee [☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c or status a.	

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

TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	RGANIZATION	
CB5 OF CENTRAL FLORIDA		
(Name of the Limited Liability Compa (A Florida Limited	<u>ny as it now appears on our records</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000321947	were filed on 07/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CB5 OF CENTRAL FLORIDA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	840 LAKE BISCAYNE WAY	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32824	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter t	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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.

<u> </u>	~ · · ·	 	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date, if other than the effective date is listed, the date mus	be specific and cannot be prior to	date of filing or more than 9	days after filing.) Pursuant to 605	5.020
e: If the date inserted in this blument's effective date on the De		ole statutory filing require	nents, this date will not be list	ed as
cord specifies a delayed effective	date, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	r the
filed.				
January 01	2022			
ed	,	7/,		
$\overline{\mathcal{A}}$: LP1	6		
	Signature of a member or author			

Typed or printed name of signee