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A. BUTLER FEB - 4 2022

COVER LETTER

TO: Registration So Division of Con			
	CES FL LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	TIBISAY M GOMEZ		
		Name of Person	
		Firm/Company	
	2780 AVIAN LOOP		
		Address	
	KISSIMMEE. FLORIDA	34741	
		City/State and Zip Code	
	TGSERVICESFLORIDA@	GMAIL.COM to be used for future annual report noti	(C'
For further information of	concerning this matter, please c		reation)
TIBISAY M GOMEZ	- The state of the	561 5633039	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corporations	
P.O. Box 632	? 7	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:
The Articles of Organization for this Limited Liability Company were filed on 07/15/2021 and assigned and assigned florida document number 1.21000322323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:
Florida document number 1.21000322323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:
Florida document number L21000322323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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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)
STARTING WATERS WAT BE AT OST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u>
gent and/or the new registered office address here:
Name of New Registered Agent:
Tappe of the tregment right.
New Registered Office Address:
Enter Florida street address
Planta.
City Florida Zin Code

New Registered Agent's Signature, if changing Registered Agent:

TO CEDIMORE EL LI O

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
MGR1 AMBR	TIBISAY M GOMEZ.		□Add
			□Remove
		2780 AVIAN LOOP, KISSIMMEE, FL 34741	
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
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ian efi <u>Vote:</u>	ive date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
- 1.7 11	
ated	DECEMBER 12 2021
	Signature of a member or authorized representative of a member