121000411750

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600374614436

10/08/21--01019--015 **25.00

2021 OFT **29** FH 4: 37

Amund

NOV 0 3 2921 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
CBN LLC	
SUBJECT: 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:	
Weilyn Rodrigues Name of Person	
CBN LLC	<u></u>
2024 SW 103 ct	
Address	
Mami F1, 33165	
Hami Fl 33165 City/State and Zip Code Nether rodriguez @ 1001 con Email address: (to bused for future annual report notification)	<u>M</u> _
For further information concerning this matter, please call:	
Neilyn Rodriqueb at (786), 310 -856 Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 CCT 29 AM 8: 07

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2021

NEILYN RODRIGUEZ 2024 SW 103 CT MIAMI, FL 33165

SUBJECT: C & N LLC

Ref. Number: L21000411750

We have received your document for C & N LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent information already reflect the information on the form and there's no need to change. It appears you wish to add an authorized person to your filing. If so, please see the enclosed form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00025112

Irene Albritton
Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBNILC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21</u> 000411750.	- 0 /4 /2021
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	g., .
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	2.2
Enter new mailing address, if applicable:	29
	P
(Mailing address MAY BE A POST OFFICE BOX)	
	· w
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
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 **Type of Action** Title <u>Name</u> **Address** 2024 SW 103 Ct Neilyn Rodriguez Miami A 33165 _ 🗆 Change _____ 🗆 Remove □ Change _____ Remove ___ Change □Add □Remove

_						
_						
			-			
	<u> </u>					
			. -			
						
Note: If	date, if other than the date of filing: we date is listed, the date must be specific and can be date inserted in this block does not meet a feetive date on the Department of States.	ct the applicable s	e of filing or more than statutory filing requi	(optiona 90 days after filir rements, this da	il) ng.) Pursuant to 605.0 te will not be listed)207 (3) d as the
he record s ord is filed	pecifies a delayed effective date, but not ar	effective time, a	t 12:01 a.m. on the e	earlier of: (b)	The 90th day after	the
Dated	α'	12:37 PH.	representative of a me	mber		
	Neilyn Rod					

Filing Fee: \$25.00