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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/21/2023

NAME: CPO HOLDINGS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CPO HOLDINGS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	y were filed on 09/30/20	21 and assigned
Florida document number L21000428506		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRESS)		~3
		· (2)
		an amount
Enter new mailing address, if applicable:		2 2
Mailing address MAY BE A POST OFFICE BOX)		SSO P M
		23 FL FL
B. If amending the registered agent and/or registered of		
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	. =-	
	Enter Florida stre	eet 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	Babul Jacob, Jorge M	6801 Colluins Ave Apt 707	
			
		Miami Beach, FL 33141	
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Effective date, if other than t		: applicable statutory fi	(option r more than 90 days after fil ling requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
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