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2021 DEC 27 AM 7: 50 SECRETARY OF STATE TALL AHYSSES FL

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## **COVER LETTER**

	RPRISE LLC		
.l:	Name of Lim	ited Liability Company	
osed Articles of	Amendment and fee(s) are sub	emitted for filing	
	Согеу Втау		
		Name of Person	
	LegalNature LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del> </del>
	8 The Green Suite 4336		
		Address	<del> </del>
	Dover, DE 19901		
	<del></del>	City/State and Zip Code	
	cpleitez62@yahoo.com		
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er information	concerning this matter, please c	all:	
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Name o	of Person		Daytime Telephone Number
is a check for t	the following amount:		
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &  Certified Copy (additional copy is enclosed)
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Division of (	Corporations	<del>_</del>	f Corporations
			e of Tallahassee Ionroe Street, Suite 810
	CP ENTE  CT:  CP ENTE  CT:  cosed Articles of turn all corresponding turn all corresponding for the company of	Name of Lim  osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  Corey Bray  LegalNature LLC  8 The Green Suite 4336  Dover, DE 19901  cpleitez62@yahoo.com  E-mail address: 6  er information concerning this matter, please coray  Name of Person  Lis a check for the following amount:  00 Filing Fee \$\simeq \$30.00 Filing Fee & Certificate of Status  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327	Division of Corporations  CP ENTERPRISE LLC  The same of Limited Liability Company  Osed Articles of Amendment and fee(s) are submitted for filing.  Sturn all correspondence concerning this matter to the following:  Corey Bray  Name of Person  LegalNature LLC  Firm/Company  8 The Green Suite 4336  Address  Dover, DE 19901  City/State and Zip Code cpleitez62@yahoo.com  E-mail address: (to be used for future annual report information concerning this matter, please call:  ray  Name of Person  Lis a check for the following amount:  Of Filing Fee  Certificate of Status  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF** 2021 DEC 27 AM 7:50

**CP ENTERPRISE LLC** 

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears op/dur records.) See, Ft.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company	y were filed on	0/13/2021	and assigned	
Florida document number 1.21000447556					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited lial	bility company he	e <u>re</u> :		
CP Sales LLC					
The new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the d	esignation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE I	BOX)				
B. If amending the registered agent and/or reagent and/or the new registered office addres  Name of New Registered Agent:  New Registered Office Address:		address on our r	ecords, <u>enter the</u>	name of the new registered	
New Registered Office Address.		Enter Flor	rida street address		
		Florida			
	<del></del>	City	, , , , , , , , , , , , , , , , , , , ,	aZip Code	
New Registered Agent's Signature, if changing R	Registered Agent	i			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete stered agent as	e <mark>performan</mark> ce of provided for in (	my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is	

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>	Name	Address	Type of Action
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	ate, if other than ti					(optional)	
an effective	date is listed, the date in date inserted in this	and he specific and block does not a	d cannot be prior	e to date of film;	or more than 90 Glino requires	days after filmg.) Jents, this date w	Pursuant to 605 02 all not be listed.
**************************************	effective date on the	Department of	State's record	·	ming requirem	emi, mi date v	mines ex trace
record sac	cities a delayed effect	tive date, but not	an effective	time, at 12:01	a.m. on the earl	ier of; (b) The	90th day after th
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		Signature of a-	member or aut	norized represen	tative of a memb	cı	-

Filing Fee: \$25.00

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