L21000455778

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: <u>CA</u>)ESTINOTRA Name of Lim	ANS PORTATION ited Liability Company	o LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JIM F.	CADESTIN Name of Person	<u> </u>
		Firm Company	
	1320 SW 3	SUTHAVE APT Address	2
	FORT LAUD	ERDALE FLOR City/State and Zip Code Company Co	IDA, 33312
	JCADESTIND E-mail address: (to be used for future annual report not	milication)
For further information of	oncerning this matter, please c		
Jim Cr	ADEST/W f Person	at (<u>954)</u> 65] Area Code Daytin	-5445 ne Telephone Number
Enclosed is a check for t	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 Addres		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10 19 202 and assigned Florida document number <u>121000455778</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C&B ESTATE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1320SW 34TH AVE APT 2 Enter new principal offices address, if applicable: FORT LAUDERDALE (Principal office address MUST BE A STREET ADDRESS) FLORIDA, 33312 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) FLORIDA, 33312 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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.

FORT LAUDGRDALE . Florida

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** <u>Address</u> Ti<u>tle</u> Name _____ □Add Remove ______ 🗀 Add _____ □Remove ____ Change _____ Change _____ □Remove _____ □Change

Note:	tive date, if other than the date of filing: Gettive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd 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 iled.
Dated	05/04/2023
	Symplify of a member or authorized representative of a member
	TIME: CADESTIW Typed or printed name of signer

Filing Fee: \$25.00