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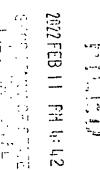
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Name Change

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## **COVER LETTER**

Division of Corp	porations			
SUBJECT: CF (	and Managemen Name of Limi	ted Liability Company	<del></del>	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Jammy Mo	Name of Person		
	Tammy Mar	Firm/Company	-	
	14101 LOST (	-a.Ke Rd Address	10-11-E	
	Clement, 3	City/State and Zip Code		
	E-mail address (t	o be used for future annual report not	ification)	
For further information co	oncerning this matter, please ca	dt:	21084 21084	AF 9423
Ammy Name of	TOOR !	at (352) <u>10310</u> - Area Code Daytim	21084  Telephone Number	25 pt 2 25
Enclosed is a check for th	e following amount:		· · · · · · · · · · · · · · · · · · ·	** <u>***********************************</u>
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feer Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

**Registration Section** 

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CF (and Man	nae mont, LLC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company'as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	20 2022 and assigned
Florida document number <u>L22000038710  </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contem the words "Li	Management, Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	
	City	, Florida 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 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
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			Change
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#3.66 ·	
Note:	ve date, if other than the date of filing:
the 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 ed.
Dated	C2/04/2022  Cammy Make  Signature of a member or armorized representative of a member
	Signature of a member or authorized representative of a member
	Tamme Moore Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00