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A. RIVERS

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## **COVER LETTER**

TO: Registration Section Division of Corporations

, C JN0 SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

2356 at ( Area Code Davtime Telephone i Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> 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				
CBA General ( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	Contructing L.L.C. ny as it now appears on our regords.) Lability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\underline{S620 - 07085}$	were filed on $03.22.22$ and assigned $-129-0$			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabit $CLASSIC$ $CONTRAC$ The new name must be distinguishable and contain the words "Limited Liabil	TING LLC			
Enter new principal offices address, if applicable:	2667 Noncy St.			
(Principal office address MUST BE A STREET ADDRESS)	Sovojota 1 @ 34-237			
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2667 NANCY ST Sorra sotro 345237			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zap 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	
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<u>Title</u>	Name	Address	<b>Type of Action</b>
			🗆 Add
			🗌 Remove
			Change
			□Add
			□Change
	<u></u>		🗆 Add
			Change
			🗆 Add
			🗆 Remove
			Change
<u>.</u>			🛛 Add
			□Change
			🗆 Add
		·	🗆 Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	02.14.2023	
	Jan S.	
	Signature of a member or authorized representative of a member	
	BARTOSZ	
	Transformer of a second s	

Typed or printed name of signee