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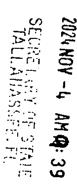
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Registration Section Division of Corporations

NECT:	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ise return all correspo	ondence concerning this matter	to the following:	
	Tina Marie Massey		
		Name of Person	
		Firm/Company	
	4160 W US Highway 90		
		Address	
	Lake City, FL 32055		
		City/State and Zip Code	
	7550300@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
r further information of	concerning this matter, please ca	ıll:	
ina Marie Massey		386 755-0300 at ()	
Name o	of Person		ne Telephone Number
iclosed is a check for t	he following amount:		s 2
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy See (additional copy) see closed

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

CBI Unlimited 1, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) : Articles of Organization for this Limited Liability Company were filed on $_{-}^{01/04/2024}$ and assigned rida document number _L24000001593 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree $l\delta$ concly with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

GR = Manager

IBR = Authorized Member

<u> e</u>	<u>Name</u>	<u>Address</u>	Type of Action
1BR	Massey Family Revocable Trust	277 SW Bellmont Drive	≣ Add
		Lake City, FL 32024	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Add SECIONAL PROPERTY OF THE P
			Change Change
			□Remove
			□Change
			□Add
			Remove
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				w	28
tive date, if other than the ffective date is listed, the date mus	date of filing:		(opti	onal) FE	2024
If the date inserted in this bl	lock does not meet the ap	oplicable statutory f	or more than 90 days afte filing requirements, the	r Illing.) Purspant is date will not b	edfsted as₁t
nent's effective date on the D	epartment of State's reco	ords.		五点	<u>+</u> i
				SSE	A .
rd specifies a delayed effectiv īled.	e date, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (l	The 90th da	
ired.				- ATE	1 5
November 3	2024				
-	·	·			
Tina Ma	il Mase	14			
	Signature of a member or	authorized representa	tive of a member		
	1	<i>P</i>			

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