

2/22/24, 12:28 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000023996

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC
Account Number : 120200000121
Phone : (770)928-2700
Fax Number : (868)772-8108CORPORATIONS
FALL WASHED, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CBM CREATING BUSINESS AND MORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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FEB 22 2024

H24000071676 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CBM CREATING BUSINESS AND MORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/10/2024 and assigned
Florida document number L24000023996

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17053 WATER SPRING BLVD

(Principal office address MUST BE A STREET ADDRESS)

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

17053 WATER SPRING BLVD

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN, FL 34787

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 Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	ESPINEL ALDAS, JAVIER E	17053 WATER SPRING BLVD	☐ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☒ Change
AMBR	CRESPO BURGOS, SANDRA A	17053 WATER SPRING BLVD	☐ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ 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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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 40 days after filing.) Pursuant to 605 (c)(17) (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 FEBRUARY 21ST 2024

Signature of a member or authorized representative of a member

JAVIER E. ESPINEL ALDAS

Typed or printed name of signee

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