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## **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	CEC Embroide	oru UC	
SUBJECT:	Name of Limite	ed Liability Company	····
The enclosed Artic	cles of Amendment and fee(s) are subm	nitted for filing.	
Please return all co	orrespondence concerning this matter to	o the following:	
	Fabra C	Name of Person	
	CEC	Embroidery W.	<u>C</u>
	120 Sott	n Oxalis Drye Address	
	Orlan	State and Zip Code	<u>,,</u>
	Petuna C E-mail address: (to	be used for future Innual report notific	ation)
For further inform	ation concerning this matter, please cal	il:	
Faber	Name of Person	at (40) Daytime	2487 Telephone Number
Enclosed is a chec	k for the 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)
Division	ation Section n of Corporations	Street Address: Registration Sect Division of Corpo	orations
P.O. Bo	ox 6327	The Centre of Ta	llahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	bcery u	it nav appears and	our roomde ) i	<del></del>
(Name of the Lame	(A Florida Limited Liabi	lity Company)	our records.)	
(Name of the Limited Liability Company as it now appears on our records.) In the Articles of Organization for this Limited Liability Company were filed on Superior and Section of Articles of Organization for this Limited Liability Company were filed on Superior and Section of Articles of Organization for this Limited Liability Company were filed on Superior and Section of State or idea document number Located and superior of State or idea document number Located and superior of State or idea document is submitted to amend the following:  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 "LLC." on the new principal offices address, if applicable:  Trincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing 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 address here:  Name of New Registered Agent:  Name of New Registered Agent:				
	Ū	company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability C	ompany," the designa	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)			·
	_	ress on our record	ds. enter the na	me of the new registered
			<u> </u>	and the second control of the second control
	Fabra C	vesta	- 7	
New Registered Office Address:	190 20	Enter Florida str	reet address	2
	01600	City	Florida _	3 <del>)807</del> 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
mgr_	Fabia Cuesta	120 South Oxalis Deve Orlando Fr 32407	□Λdd
		Orlando Fr 32807	Remove
			Change
			□Add
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			□Add
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Lifective If an effectiv	he date inser	ied in this t	block does no	of meet the a	pplicable stat	f filing or more utory filing re	than 90 days quirements.	p <b>tional)</b> after filing.) P this date w	ursuant to 605.0	0207 (3 d as th
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