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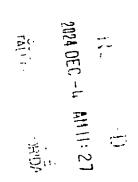
	(Requestor's Name)
	(Address)
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COVER LETTER

Division of Corporations			
SUBJECT: <u>CB</u> CO	IVE VANCE Name of Limit	LLC ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendme		-	
Please return all correspondence co	ncerning this matter to	the following:	
	HRISTOPHE 1	R BAZNE 5 Name of Person	
<u> </u>	B CONVEY	Firm/Company	
_6	898 A C S	KINNER PKWY Address	UNIT 457
	*ACKSONVILLE	FL 3225 (City/State and Zip Code	
	BCONVEY A SIC Fmail address: (to	ELLC a GMail. Co. be used for future annual report	notification)
For further information concerning	this matter, please cal	l:	
CHRIS TopHER Name of Person	BARNES-	at (<u>252) </u>	vtime Telephone Number
Enclosed is a check for the following	g amount:		
-	00 Filing Fee & rtificate 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)
Mailing Address:		Street Address	<u>s</u>

Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

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

CB CONVEYANCE LL	<u>C</u>
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $12/4/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6898 ACSKINALER PKuly unit 457
(Principal office address MUST BE A STREET ADDRESS)	6898 ACSKINALER PKuly unit 457 Tackson ville FL, 32256
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□Change
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			Remove
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effective date e: If the date	is listed, the date e inserted in thi		and cannot be protent the app	licable statutory) ,.) Pursuant to 605.02 e will not be listed
cord specifies s filed.	s a delayed effe	ective date, but n	iot an effective	e time, at 12:01	a.m. on the earl	ier of: (b) T	he 90th day after th
ed	14/24		·	···································			
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