DOCUMENT # L9900003879 1. Entity Name CBIS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 FEB -4 AM 9: 56				
Principal Place of Business Mailing Address						30125	7 111	7.00		
8491 N.W. 17 MIAMI FL 331	th street. Suite L 26	8491 N.W. 17TH STREET. SUITE L MIAMI FL 33126-1025								
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2 Principal P	Place of Business									
		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	DO NOT WRITE	E IN THIS	SPACE /	/	
City & State		City & State		4. FEI Numb	er			pplied For ot Aینیالیوای		
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired		\$5.00 Ad Fee Require		
	6. Name and Address of Current	Registered Agent				Address of New Re				
LEWIS, H							•			
2 SOUTH BISCAYNE BOULEVARD				Street Address ((P.O. Box Numb	er is Not Acceptable)				
ONE BISCAYNE TOWER, SUITE 3660						•		1		
MIAMI FL 33131				City			FL	Zip Cod	le	
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Flor	ida.			
SİGNATURE .	Signature, typed or printed name of registered agent a	and title if appliable (NOT	E. Bogietoro	d Agent signature required	duban minetation) (1)	2 (10)	DATE	4 6 4 6		
	Signature, types of printed harde of registered agents				S WHOLL LOW STREET, S.			H2 1		
* * * * * * * * * * * * * * * * * * *		Make Check Pa		FEE IS \$50.00 o Department o	of State	,				
9.	MANAGING MEMBI	ERS/MEMBERS	10.			 ADDITIONS/0	~µΔNGE9	:		
TITLE	MGR	Delate	TITL	E			JI MIGE	Change	□	
NAME STREET ADDRESS	KIPNIS, NANCY S 8491 S.W. 17TH STREET, SUITE	I.	NAM STRE	E ET ADDRESS	2	ທົ່ວດູດຊຸ:	128	422	5	
CITY- 8T- ZIP	MIAMI FL 33126	<u>-</u>	CETY	- 8T- Z(P		-02/08/ ****20	'UU:! 00.00	***** *****	002 50.80	
TITLE MAME	MGR KIPNIS, DONALD J	☐ Delete	TITLI Nam	1		- n		☐ Changa	C	
STREET ADDRESS CITY-81-ZIP	8491 S.W. 17TH STREET, SUITE	L		ET ADDRESS - ST- ZIP						
TITLE	MIAMI FL 33126 MGR	Delete .	TITU					Change,	Additio	
NAME STREET ADDRESS	LIBLER, LAWRENCE L			E ET ADDRESS						
CITY- 8T- ZIP	8491 S.W. 17TH STREET, SUITE MIAMI_FL 33126	L	4	- ST-ZIP						
TITLE NAME		☐ Delete	TITLI NAM			,		Change		
STREET ADDRESS			8TRE	ET ADDRESS			74)		
CITY- #T- ZIP			TITLE	- \$T- ZIP		ac X /	1 P	Change	☐ Additio	
NAME			NAM	E		(1/2)	7		_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - St- Z(P		41				
TITLE	<i>;</i>	□ Deleta	TITL			•		☐ Change	Additio	
NAME STREET ADDRESS				ET ADDRESS						
CITY- ST-ZIP	certify that the information supplied with	this filing does not qualify to	r tha fivo	- \$7-ZIP mption stated in Se	ection 119.07(3)	(i). Florida Statutes 11	 further ce	rtify that the i	nformation	
indicated limited lia	on this report is true and accurate and bility company or the eceiver or rustee	that my signature shall have empowered to execute this	the same	e legal effect as if r required by Chap	nade under oat ter 608, Florida	that I am a managii Statutes.	ng memb	er or manage	er of the	
	(Mulit	Ull-Not-day	44		//					
SIGNAT	URE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING MANAGING	MEMBER C	RMANAGER	<u>lavaze</u>	Date		Daytime Phone #		