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2020 July - 1 AH 8: 57

Amend

JUN 1 8 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CBO MANAGEMENT, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM K. LOVELACE Name of Contact Person WILSON, FORD & LOVELACE, P.A. Firm/ Company 401 SOUTH LINCOLN AVENUE Address CLEARWATER, FLORIDA 33756 City/ State and Zip Code debk52156@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 446-1036

Area Code & Daytime Telephone Number WILLIAM K. LOVELACE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	Articles of /	Amendment on accorporation f tly filed with the Florida Dept. of State) of Corporation (if known)
	Articles of In	icorporation
	0	
CBO MANAGEMENT, INC.		
	of Corporation as curren	tly filed with the Florida Dept. of State)
P96000019342	(D	<u> </u>
	(Document Number)	of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office address,	if applicable:	9520 -131ST STREET
Principal office address MUST BE A STREET ADDRESS)		SEMINOLE, FLORIDA 33776
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		9520 -131ST STREET
		SEMINOLE, FLORIDA 33776
 If amending the registered agent an new registered agent and/or the ne 		dress in Florida, enter the name of the
Name of New Registered Agent DEBORAH M. KUEHNER		ERT
	9520 -131ST STREET	
	(Florida s	street address)
New Registered Office Address:	SEMINOLE	. Florida 33776
The state of the s		(City) (Zip Code)

ck if applicable

he amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
-			
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	KUEHNERT, STEFAN M.	9520 VONN ROAD
Add			SEMINOLE, FLORIDA 33776
X Remove			
2) Change	D	KUEHNERT, DEBORAH M.	9520 -131ST STREET
X Add			SEMINOLE, FLORIDA 33776
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
) Change			
Add			
Remove			
Change			
Add			
Remove			

Attach ad	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
	
lf an ame	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	ns for implementing the amendment if not contained in the amendment itself:
(if n	ot applicable, indicate N/A)

he date of each amendment(s	adoption:	, if other than the
ate this document was signed.		
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in thi ocument's effective date on the	s block does not meet the applicable statutory filing requirements, a Department of State's records.	this date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	os 86/2 Lander Marolas	
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or oth binted fiduciary by that fiduciary)	
	DEBORAH M. KUEHNERT	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	