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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CVG Digita			
30031.	CT:		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Brian Cunningham		
		CVG Consulting, LLC	Name of Person	
		18503 Pines Blvd., Suite 3	Firm/Company	
		Pembroke Pines / FL 3302	Address	
		brian@evgeonsultingeo.cor	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please co	all:	
Brian C	unningham		754 802-7220 at () Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
linclose	d is a check for th	e 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CVG Digital, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) 211 583 23 P 13 42

The Articles of Organization for this Limited Liability Company w	ere filed on 04/29/201	and assigned	
Florida document number [L19000110771]		THE CHAINS OFFI TO STATE OF THE	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liabili	ty company here:		
Limitless Payments LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Th. FC 11 (1) 12			
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our r	ecords, enter the name of the new	
Name of New Registered Agent:			
Nines Barrietana d Office Address			
New Registered Office Address:	Enter Florida stree	l address	
	Florida		
	City	, Florida Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	to act in this capacit	y. I further agree to comply with the	

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Name Cunningham Venture Group, LLC	Address	Type of Action
AMBR		18503 Pines Blvd., Suite 310, Pembroke Pines FL 33029	
			Remove
AMBR	Conscious Ventures, LLC	2035 Sunset Lake Road, Suite B-2,	☐ Change
		Newark, DE 19702	
			Remove
. Napp	RK Professional Services, LLC	232 Minges Hills Drive.	Change
AMBR		Battle Creek, MI 49015	
			Remove
			Change
AMBR	Prospect Ventures, LLC	755 W. Big Beaver Road. Troy, MI 48084	= Add
			Remove
	CVG Consulting, LLC	18503 Pines Blvd., Suite 310,	Change
AMBR	C TO CONSUMING LEAST	Pembroke Pines, FL 33029	■ Add
			□ Remove
			Change
-			
			☐ Remove
			□ Change

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Effective	date, if other t	han the date	of filing:			(optional)
Note: If t	ve date is listed, the he date inserted : 's effective date	in this block de	es not meet th	e applicable stat	f filing or more that utory filing requi	n 90 days after filing rements, this date	g.) Pursuant to 605.020 c will not be listed a
e recor The 90	d specifies a (oth day after (delayed effe the record is	ctive date, s filed.	but not an ef	fective time,	at 12:01 a.m.	on the earlier o
Se _l Dated	otember 06		201	9			
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Typed or printed name of signee

Fifing Fee: \$25.00