Electronic Filing Cover Sheet

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To:				-4 1	~
	Division of Co	rporations		> <u>&gt;</u> (	2025
	Fax Number	: (850)617-6383			
From:				至:	NO N
	Account Name	: V & A BUSINESS SOLUTION	INC	ASSET.	ယ်
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C&G INTEGRAL CONSULTING LLC

Certificate of Status	
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Help

## **COVER LETTER**

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enn mær	C&G INTE	GRAL CONSULTING LLC						
Name of Limited Liability Company								
The enclos	ed Articles of .	Amendment and fee(s) are sub	bmitted for filing.					
Please retu	rn all correspo	ndence concerning this matter	to the following:					
		SANTIAGO VALENCIA						
			Name of Person					
		MGR						
			F:rm/Company					
	enclosed Articles of Amendment and fee(s) are submitted for filing.  SANTIAGO VALENCIA    SANTIAGO VALENCIA							
			Address					
		LAUDERDALE LAKES.	FI. 33313					
			City/State and Zip Coce					
			to be used for future unnual report notification)					
For further	information co							
SANTIAG	O VALENCIA	•	305 767-0837					
1	Name of	Person	Atea Code Daytime Telephone Number	_				
Enclosed is	a check for the	e following amount:						
<b>≡ \$25,00</b>	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifical Copy Certificate of S	itatus &				
Re Di P.o	gistration S	ection prporations						

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JUN -3 AM 10: 08

C&G INTEGRAL CONSULTING LLG		TALLAHASSEE, FLORIDA
(A)	iability Company as it now appears on our record lorida Limited Liability Company)	v)
The Articles of Organization for this Limited Liabi Florida document number L21000530641	lity Company were filed on 12/21/2021	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here;	
CYG INTEGRAL LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the cesignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	•
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter t</u> <u>re</u> :	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florula street achtess	
_		rida
_	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 505, 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.

Jun 03 25, 01:14p

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

Title	Name	Address	Type of Action
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	the date inserted in that's effective date on the				filing requiremen	s aner ming ts, this date	will not	be listed	201 (3)( las the
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Dated Dated	JNE 02		2025						
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Typed or printed name of signee