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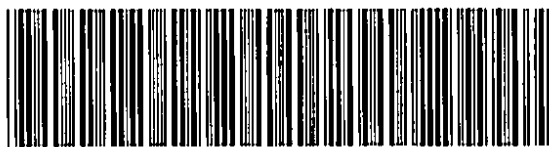
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUL 27 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CMG INVESTORS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELE GIBILISCO

Name of Person

CMG INVESTORS, LLC

Firm/Company

2005 TREE FORK LANE STE 113

Address

LONGWOOD FL 32750

City/State and Zip Code

MIKE@MGSTUDIOS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE (Mike) GIBILISCO

407 252-0545

Name of Person

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CMG INVESTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-08-2006 and assigned Florida document number L 06000108844

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MICHELE GIBILISCO

New Registered Office Address:

2005 TREE FORK LANE SUITE 113

*Enter Florida street address*

LONGWOOD

Florida 32750

*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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CLAUDINE LECLERCQ	170 E TRADEWINDS RD	<input type="checkbox"/> Add
		WINTER SPRINGS	<input checked="" type="checkbox"/> Remove
		FLORIDA 32708	<input type="checkbox"/> Change
AMBR	MICHELE GIBILISCO	5140 MAXON TERRACE	<input checked="" type="checkbox"/> Add
		SANFORD	<input type="checkbox"/> Remove
		FLORIDA 32771	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

**SEE ATTACHED ARTICLES OF ORGANIZATION**

2017 JUL 24 P 1:03  
SECOND FLOOR  
TALLAHASSEE, FLORIDA

FILED

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 17<sup>th</sup>. 2017

Signature of a member or authorized representative of a member

Michelle Gilbertson

Typed or printed name of signee

**AMENDED ARTICLES OF ORGANIZATION  
OF  
CMG INVESTORS, LLC  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**The name of the limited liability company is CMG INVESTORS, LLC.**

**ARTICLE II**

**The mailing address and street address of the limited liability company principal office is  
2005 Tree Fork Lane, Suite 113, Longwood, Florida 32750.**

**ARTICLE III**

**The name and street address of the registered agent is Michele Gibilisco, 5140 Maxon  
Terrace, Sanford, Florida 32771**

**ARTICLE IV**

**The limited liability company is to be managed by the members.**

**SIGNED AND DATED THIS 17 DAY OF July, 2017.**

  
**MICHELE GIBILICO, MANAGING MEMBER**

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE  
OF CMG INVESTORS, LLC**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

- 1. The name of the limited liability company is CMG INVESTORS, LLC**
- 2. The name and the Florida street address of the registered agent are:**

**Michele Gibilisco**

**5140 Maxon Terrace**

**Sanford, Florida 32771**

**Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.**



**Michele Gibilisco**

**Dated this 17 day of July, 2017**