

L080000/0285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

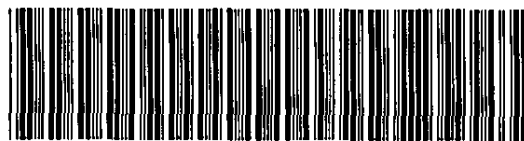
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 26 2013

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1031 Alternatives Group, 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:

**Grant Conness**

Name of Person

**Global Wealth Management**

Firm/Company

**2810 E. Oakland Park Blvd. Ste. 101**

Address

**Fort Lauderdale, FL 33306**

City/State and Zip Code

**gconness@globalwma.com**

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

For further information concerning this matter, please call:

**C. Grant Conness**

Name of Person

at ( **954** ) **533-7144**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2014

GRANT CONNESS  
GLOBAL WEALTH MANAGEMENT  
2810 E OAKLAND PARK BLVD - STE 101  
FT LAUDERDALE, FL 33306

SUBJECT: 1031 ALTERNATIVES GROUP, LLC  
Ref. Number: L08000010285

We have received your document for 1031 ALTERNATIVES GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 614A00002603



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2014

GRANT CONNESS  
GLOBAL WEALTH MANAGEMENT  
2810 E OAKLAND PARK BLVD - STE 101  
FT LAUDERDALE, FL 33306

SUBJECT: 1031 ALTERNATIVES GROUP, LLC  
Ref. Number: L08000010285

We have received your document for 1031 ALTERNATIVES GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 814A00003777

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

1031 Alternatives Group, 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 01/29/2008 and assigned  
Florida document number L08000010285.

This amendment is submitted to amend the following:

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

~~CGC Enterprises, LLC~~ CGC CAPITAL, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2810 E. Oakland Park Blvd.

Ste. 101

Fort Lauderdale, FL 33306

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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: C. Grant Conness

New Registered Office Address: 2810 E. Oakland Park Blvd, Ste. 101

*Enter Florida street address*

Fort Lauderdale, Florida 33306

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	C. Grant Conness	2810 E. Oakland Park Blvd.	<input checked="" type="checkbox"/> Add
		Ste. 101	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33306	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

Feb 10, 2014



Signature of a member or authorized representative of a member

C. GRANT CONNESS

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA