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(Re	equestor's Name)			
(Ad	dress)	<u>.</u>		
(Ād	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Bu	isiness Entity Nar	me)		
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(Do	ocument Number)			
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T. HAMPTON

MAY 24 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section

' Division of	Corporations				
SUBJECT:	(	C1G, LLC			
The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
	R	RICHARD M PROODIAN			
	Name of Person				
	Pirm/Company				
	2681 HURON WAY				
Address					
		MIRAMAR, FL 33025			
		City/State and Zip Code			
·	E-mail address:	proodian@comcast.net (to be used for future annual report notificati	on)		
For further information	on concerning this matter, please	call:			
RICHARD M PROODIAN		u(	0-6464		
Nai	ne of Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check f	or 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)		
	AILING ADDRESS:	STREET/COURIER	ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center	2661 Executive Center Circle		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	C1G, LLC				
(Name of the Limited Liability (A Florida	Company as it now appea Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	09/29/2008	and assig	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :			
	N/A				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation "L	LC" or the ab	breviatio	
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADDI	RESS)			<u>=</u>	
			MAY	35	
			HA	22	
Enter new mailing address, if applicable:	N/A		2		
(Mailing address MAY BE A POST OFFICE BOX)			70	327	
				<b>1 1 1 1 1 1 1 1 1 1</b>	
			<u>.</u>	33	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	ie name of	thenev	
Name of New Registered Agent: N/A				<del></del>	
New Registered Office Address: 5529	N. MILITARY TRL #	1507			
	Enter Florida street address				
	<b>BOCA RATON</b>	, Florida	33496		
<del></del>	City	<del></del>	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action **MGRM** BAILEY C BAILEY 2681 HURON WAY □ Add √ Remove MIRAMAR, FL 33025 MGRM ERROL C BAILEY 2681 HURON WAY **✓** Add Remove MIRAMAR, FL 33025 ☐ Add Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A MAY 10, Dated Signature of a member or authorized representative of a member RICHARD M PROODIAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00