

# L 10000046460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

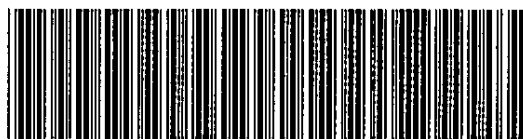
(Business Entity Name)

(Document Number)

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10 NOV -9 PM 1:28  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
NOV 10 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CGI Properties, 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:

Jim Crimella

Name of Person

CGI Properties, LLC

Firm/Company

3940 Duke Firth Street

Address

Land O Lakes FL 34638

City/State and Zip Code

jcrimella@gmail.com

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

For further information concerning this matter, please call:

Jim Crimella

Name of Person

at ( 813  
904 )

763-4802

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

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

FILED  
10 NOV -9 PM 1:28

**CGI Properties, 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 April 29, 2010 and assigned  
Florida document number L10000046460.

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 end with 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)**

Jim Crimella

3940 Duke Firth Street

Land O Lakes FL 34638

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

Jim Crimella

3940 Duke Firth Street

Land O Lakes FL 34638

**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:

Jim Crimella

New Registered Office Address:

3940 Duke Firth Street

*Enter Florida street address*

Land O Lakes

Florida

34638

*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 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 Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Howard Conner	3829 Brampton Island Ct Jacksonville FL 322241	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Patrick Gergen	15130 SE Newport Way Suite 101 Bellevue WA 98006	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Josh Maxwell	2907-I Watson Boulevard Warner Robins GA 31093	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	Jim Crimella	3940 Duke Firth Street Land o Lakes FL 34638	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 18, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jim Crimella

\_\_\_\_\_  
Typed or printed name of signee