L10000128688

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

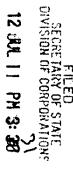
Office Use Only

B. KOHR
JUL 1 2 2012
EXAMINER



100237193611

07/11/12--01007--010 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CGP RE	SOURCES LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	:
Please return all correspondence	ondence concerning this matter	to the following:	12 34 11 PM 3: 30
			to Section
<u> </u>		Catherine Galvin	
		Name of Person	
		GP RESOURCES LLC	3
		Firm/Company	, v
		4709 Bowfin Terrace	
		Address	
	Lakew	ood Ranch, Florida 34202	
		City/State and Zip Code	
	ogal	vin@cgpresources.com to be used for future annual report notifi	
For further information c	oncerning this matter, please o	-	catony
Cat	herine Galvin	at (941)	662-6773
	f Person	Area Code & Daytime	
Enclosed is a check for the	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGP RRESOURCES LLC

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

			2
The Articles of Organization for this Limited Liab	oility Company were filed on	12/16/2010	and assigned
Florida document numberL100001286	<u>88 </u>		رن
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
		•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florida street address		
·		, Florida	
•	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, <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

, , $\tilde{\mathbf{V}}$

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Catherine Galvin	14709 Bowfin Terrace Lakewood Ranch, FL 34202	Add _ ☑ Remove
<u>MGRM</u>	Catherine Galvin	14709 Bowfin Terrace Lakewood Ranch, FL 34202	✓ Add ☐ Remove
MGR_	Owen Galvin	14709 Bowfin Terrace Lakewood Ranch, FL 34202	Add Remove
	·		Add Remove
			Add Remove
-			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_			_
	July 08	2012	
Dated	Latherine Signature of a n	Habition of a member	
	<i>,</i>	Catherine Galvin	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00