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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RITTER, ZARETSKY, LIEBER & JAIME,

Account Number: I20010000015 Phone : (305) 372-0933

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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No. 3785 Pag - 2f2

COVER LETTER

	on Section of Corporations
CG FA	AIRWINDS LLC
30BJEC1:	Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	OREN LIEBER, ESQ.
	Name of Person
	RITTER ZARETSKY LIEBER & JAIME LLP
	Firm/Company
	2915 BISCAYNE BLVD., SUITE 300
	Address
	MIAMI, FLORIDA 33137
	City/State and Zip Code
	OLIEBER@RZLLAW.COM E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
OREN LIEBER	305 372-0933
N	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
■ \$25.00 Filing F	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

CG Fairwii	nds LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.		
The Articles of Organization for this Limited Liability Florida document number L12000038510	Company were filed on 3/20/20	12	_and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Liu	mited Liability Company," the design	ation "LLC" or the abbro	viation "L.L.C."	
Enter new principal offices address, if applicable:			<u></u>	— ,
(Principal office address MUST BE A STREET ADD	RESS)		- 3	—::::
	<u></u>		1,0	
Enter new mailing address, if applicable:			7.00	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	- 1/3 - 1
			2	<u>.:::</u> ;
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r recor d s, <u>enter th</u>	e name of th	<u>е псч</u>
Name of New Registered Agent:				—
New Registered Office Address:	Enter Florida s	tenat middeses		_
	Enter Florida S			
-	City	, Florida	Zip Code	_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the oppointment 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:

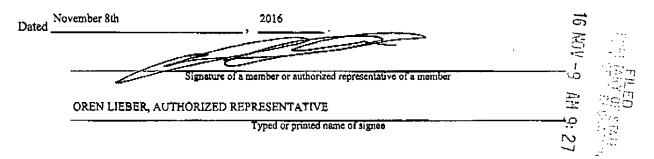
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSEPH CHETRIT	2915 BISCAYNE BLVD	
		SUITE 300	≅ Remove
		MIAMI, FLORIDA 33137	□ Change
MGR	MEYER CHETRIT	1000 COLLINS AVENUE	Add
		MIAMI BEACH, FL. 33139	□ Remove
			☐ Change
			□ Add
			🖸 Remove
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document's effective date on the Department of State's records.

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tive date, if oth	er than the date of fill d, the date must be specific s	no:		(Antional)	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



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