

# L 13000021094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

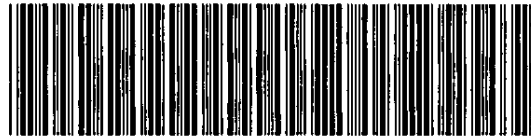
(Business Entity Name)

(Document Number)

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REGISTRATION OF STATE  
PALM HARBOR, FLORIDA

K. SALY  
EXAMINER  
NOV 15 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CG Xpress 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:

**Michele Carpenter**

Name of Person

**CG Xpress LLC**

Firm/Company

**11808 Brenford Crest Drive**

Address

**Riverview, FL 33579**

City/State and Zip Code

**michele.carpenter3935@gmail.com**

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

For further information concerning this matter, please call:

**Michele Carpenter**

Name of Person

**813 446 0911**

at ( )

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  
13 NOV 14 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CGXpress 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 2/11/2013 and assigned Florida document number L13000021094.

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:

11808 Brenford Crest Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Riverview, FL 33579

Enter new mailing address, if applicable:

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

**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: \_\_\_\_\_

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, 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	Cleveland Mark	24701 East Applewood Circle	<input checked="" type="checkbox"/> Add
		#1325	<input type="checkbox"/> Remove
		Aurora, CO 80016	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

EIN # 46-2038310

Dated

11/6

2013

Michelle Carpenter

Signature of a member or authorized representative of a member

Michelle Carpenter

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00