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J. SAULSBERRY EXAMINER MAY 21 2013

COVER LETTER

TO: Registration Section
Division of Corporations

CGZ Holdings, 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:

Stephanie Zottoli

Name of Person

Firm/Company

9032 Old Chemonie Rd

Address

Tallahassee, FL 32309

City/State and Zip Code

stephaniezottoli@yahoo.com

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

For further information concerning this matter, please call:

Stephanie Zottoli

850 552 - 0975

Name of Person

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

	CGZ Holdings, LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	·
The Articles of Organization for this Limited Li-	ability Company were filed on February 12, 2012	and assigned
Florida document number L13000023975		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		22
Enter new mailing address, if applicable:		TAY
(Mailing address MAY BE A POST OFFICE)	<u></u>	20
		(1) CO
	or registered office address on our records, enter t	he name of the new
registered agent and/or the new registered of	nce address nere:	¥*
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, 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 Title 1 <u>Name</u> **Address Type of Action** 9032 Old Chemonie Rd William Joseph Zottoli, Jr. mgr Tallahassee, FL 32309 Remove 293 Thornberg Drive Pearl Newland mgr Tallahassee, FL 32312 Remove Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
• `		
-		
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-	<u> </u>	
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-		
ited	May 11 , 2013.	
	Thethe Zutt.	
	Signature of a member or authorized representative of a member Stephanic Zottoli	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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