L13000 124 109

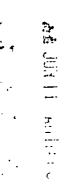
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600330232546

06/11/13--01011--024 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	CGCG REAL ESTATE LLC	•	
SUBJECT.	Name of Limited Liability Company	`	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	•	
Please return	all correspondence concerning this matter to the following:		
	NORDIS FORCADE-MARTIN		
	Name of Person		
	CGCG REAL ESTATE LLC		
Firm/Company			
	550 BILTMORE WAY PH 2 A AND B		
	Address		
	CORAL GABLES, FL 33134		
	City/State and Zip Code NORDIS@KW.COM		
	E-mail address: (to be used for future annual report notification)		
For further in	nformation concerning this matter, please call:		
NORDIS FO	ORCADE-MARTIN 305 667-5134 at ()		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a	a check for the following amount:		
■ \$25.00 F	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \te	f Status & py	
	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

CGCG REAL ESTATE 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 Con	mpany were filed on 09/03/2013	and assigned
Florida document number L13000124109		
This amendment is submitted to amend the following:		•• •
•	-d K-ERA,	
A. If amending name, enter the new name of the limit	ed nability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the no
Name of New Registered Agent:	.	
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and ent as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature of	f New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joel Valencia	5540 NW 113 Place Doral, FL 33178	Add
			□ Remove
			□ Change
			□ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change

1	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u>	6/5/2019 we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	$\frac{2019}{1 + \sqrt{1 + + + \sqrt{1 + + + \sqrt{1 + + + \sqrt{1 + + + + + + + + + + + + + + + + + + +$
	Signature of a member or authorized representative of a member
	Claudia Restrepo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00