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SECKEDARY OF SIME

JAN 1 0 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

CG2A HOLDING 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:

GARDONCINI

CAROLE

Name of Person

CG2A HOLDING LLC

Firm/Company

1575 WEST AVE #8

Address

MIAMI BEACH, FL. 33139

City/State and Zip Code

gc2aholding@outlook.com

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

For further information concerning this matter, please call:

GARDONCIN

CAROLE

₄,305,4694730

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

CG2A HOLDING LLC

company has been notified in writing of this change.

(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 September 30, 201	3 sand as ned
Florida document number L13000137190		
This amendment is submitted to amend the following:		HASS
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation	n "LLC or the appreviation
Enter new principal offices address, if applicable:	1575 West Avenue #8	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL. 3313	39
Enter new mailing address, if applicable:	1575 West Avenue #8	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FL. 33139	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		

If Changing Registered Agent, Signature of New 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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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of filing: (optional) be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
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adour
of a member or authorized representative of a member
-

Page 3 of 3

Filing Fee: \$25.00

FILED
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