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# COVER LETTER,

TO: Registration Section Division of Corporations
SUBJECT: CG VENTURES 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:
RKHARD DAVIS Name of Person
CG VANUES LLC Firm/Company
12148 WINSTEAD RO. Address
JACKSONVILLE, R. 32220 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryhapo Dayis  Name of Person  at (24) 626-660  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigs\\$30.00 Filing Fee & \$\bigs\\$55.00 Filing Fee & \$\bigs\\$Certificate of Status & Certified Copy (additional copy is enclosed) \$\bigs\\$60.00 Filing Fee, \$\bigs\\$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

Fill WA

(Name of the Limited Liabil	ity Company as it now appears of a Limited Liability Company)	on our records. 19007 - 3. 1411:53
(A Hond	la Emited Liability Company)	31
The Articles of Organization for this Limited Liability (Florida document number 430013743)	Company were filed on <b>S</b>	TEMBER 30,2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here	<u>2</u> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
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 add		our records, enter the name of the new
registered agent and/or the new registered office add	<u>ness nere</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a 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 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 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
			☐ Remove
			□ Add
			□ Remove
			Change
	<del></del>		
			□ Remove
			Change
		□ Remove	
			Add
		Remove	
			Change
		<del></del>	☐ Remove
			Change

Ç	THANGE PURPOSE OF CG VANTURES LLC TO AMATION CONSULTING AND PILOT SERVICES"
	AMATION CONSULTING AND PILOT SERVICES"
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(If an effe <u>Note:</u>	ve 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_	10-01-2019  Signature of a member or authorized representative of a member
	Richard Graut Days

Page 3 of 3

Filing Fee: \$25.00