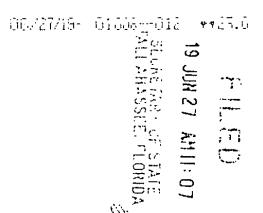
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## ARTICLES OF ORGANIZATION OF

CMGB Enterprise	5, LLC				
(Name of the Limited L (A F	iability Company	as it now appears	on our records.)		
The Articles of Organization for this Limited Liabil Florida document number	lity Company w			<u>9</u> and ass	sigı
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company her	<u>e</u> :		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the des	signation "LLC" or the ab	breviation "L	.L.C
Enter new principal offices address, if applicable	e:			<del>; =</del>	
(Principal office address MUST BE A STREET A	DDRESS)			ر ال و	
				7	1
			بن نخ :		
Enter new mailing address, if applicable:		<del></del>	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>		9		
		<del></del>		56 <b>J</b>	<del>_</del>
B. If amending the registered agent and/or registered agent and/or the new registered office	~	ce address on	our records, <u>enter</u>	the name	of t
Name of New Registered Agent:					<del></del> .
New Registered Office Address:		Enter Florid	la street address		
_			, Florida		
<del>-</del>		City		Zip Code	
New Registered Agent's Signature, if changing Registered	stered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
MGR	David House	6988 US-1 Unit 308 St. Augustic, FL 32095	G Add
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d.  Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	_ ( <b>optional</b> ) lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
f the record specifies a delayed effective date, but not an effective time, at 1: b) The 90th day after the record is filed.	2:01 a.m. on the earlier c
Dated 6-24-19 or June 24, 2019	
D hat	
Signature of a member or authorized representative of a member	
David House Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00