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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

CERTIFIC			•	
SUBJEC	.I:	Name of Limi	ited Liability Company	¥
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ABELARDO BAUTISTA		
			Name of Person	
		CMG CAPITAL LLC		·
	Division of Corporations CMG CAPITAL LLC Name of Limited Liability Company Please return all correspondence concerning this matter to the following: ABELARDO BAUTISTA Name of Person CMG CAPITAL LLC Firm/Company \$805 BLUE LAGOON DR SUITE 178 Address MIAMI FL 33126 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ABELARDO BAUSTISTA Name of Person To further information concerning this matter, please call: ABELARDO BAUSTISTA Name of Person To further information concerning this matter, please call: ABELARDO BAUSTISTA Solution Solution Certificate of Status Certificate of Status Certificate copy is enclosed) Certificate of Status Certificate copy is enclosed)			
		5805 BLUE LAGOON DE	Liability Company ted for filing. he following: Name of Person Firm/Company UITE 178 Address City/State and Zip Code te used for future annual report notification) 786 3892952 at (•
			Address	
		MIAMI FL 33126	Name of Limited Liability Company and fee(s) are submitted for filing. erming this matter to the following: RDO BAUTISTA Name of Person APITAL LLC Firm/Company UE LAGOON DR SUITE 178 Address FL 33126 City/State and Zip Code E-mail address: (to be used for future annual report notification) is matter, please call: at (
			City/State and Zip Code	···
For furth ABELA		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
ABELA	RDO BAUSTIS	ТА		
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fee		Certified Copy	□ \$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**

ow appears on our records.) Company)
led on 10/23/2014 and assigned
npany here:
oany," the designation "LLC" or the abbreviation "LLC."
ASSER 6 E
PH 2: SLATE FLORIDA
dress on our records, enter the name of the n
Eurar Floryda street address
Enter Florida street address , Florida
1

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	FEDERICO REYES	5805 BLUE LAGOON DR #178	Add
		MIAMI FL 33126	■ Remove
			Change
MGR	STEVE SUH	28 W FLAGLER ST SUITE 330	■ Add
		MIAMI FL 33130	□ Remove
			Change
AMBR	SANG KIL LEE	12847 NW 45TH AVE	
		OPA LOCKA FL 33054	□ Remove
			Change
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. Effecti	e date, if other than the date of filing: $\frac{09/18/17}{000000000000000000000000000000000000$	CUE 030
Note:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	: listed a
docume	nt's effective date on the Department of State's records.	
the rec	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier (
	Oth day after the record is filed.	
	Sata la 18th 2011	
Dated_	September 18th	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00