

L14000175551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

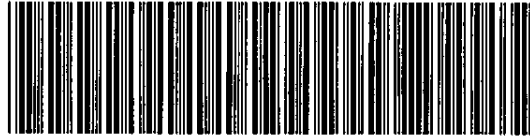
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266648210

11/24/14--01028--001 \*\*25.00

FILED  
14 NOV 24 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 9 2014

T BROWN

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CMGHOFF, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 NOV 24 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/11/2014 and assigned  
Florida document number L14000175551.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4141 NE 2nd Ave 204-A

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33137

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|------------------------------|------------------------------------|--|
| <u>MGR</u>   | <u>CMG CAPITAL LLC</u>       | <u>4141 NE 2ND AVE, 204-A</u>      | <input type="checkbox"/> Add               |
|              |                              | <u>MIAMI FL 33137</u>              | <input checked="" type="checkbox"/> Remove |
| <u>MGR</u>   | <u>CHEMTOV MORTGAGE CORP</u> | <u>CHEMTOV MORTGAGE GROUP CORP</u> | <input checked="" type="checkbox"/> Add    |
|              |                              | <u>4141 NE 2ND AVE 204-A</u>       | <input type="checkbox"/> Remove            |
|              |                              | <u>MIAMI FL 33137</u>              |  |
|              |                              |                                    | <input type="checkbox"/> Add               |
|              |                              |                                    | <input type="checkbox"/> Remove            |
|              |                              |                                    | <input type="checkbox"/> Add               |
|              |                              |                                    | <input type="checkbox"/> Remove            |
|              |                              |                                    | <input type="checkbox"/> Add               |
|              |                              |                                    | <input type="checkbox"/> Remove            |
|              |                              |                                    | <input type="checkbox"/> Add               |
|              |                              |                                    | <input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\*CHEMTOV MORTGAGE GROUP CORP\*

---

---

---

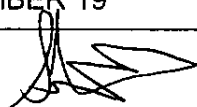
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 19, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

SHAWN CHEMTOV

\_\_\_\_\_  
Typed or printed name of signee