

OCT/25/2018/THU 12:57 PM

10/25/2018

L15000018639

FAX No.

001/004

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and/or number (shown below) on the top and bottom of all pages of the document.

((H18000309062 3)))



H180003090623ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

RECEIVED
DIVISION OF STATE
CORPORATIONS
OCT 25 2018

2018 OCT 25 AM 9:02

FILED

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CG MSN 24821, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 OCT 25 PM 12:11

T. CLINE
OCT 26 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG MSN 24821, LLC

(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 01/30/2015 and assigned Florida document number L15000018639

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3105 NW 107 AVE

STE: 400

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1838 CAPE SIDE CIR

WELLINGTON, FL 33414

2015 OCT 25 AM 9:02

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:

DELVY JOSE ALMANZAR

New Registered Office Address:

1838 CAPE SIDE CIR

Enter Florida street address

WELLINGTON

Florida 33414

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.

Delvy Jose Almanzar

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>	<u>Type of Action</u>
AMBR	DAVID MONZON	22447 SW 94TH PATH	<input type="checkbox"/> Add
		CUTLER BAY, FL 33190	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DELVY JOSE ALMANZAR	1838 CAPESIDE CIR	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2018 OCT 25 AM 8:02
 COUNTY OF ST. JAMES
 CLERK OF COUNTY

