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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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WAR 1 6 2019 J. HARRIS

, COVER LETTER

Di	vision of Corp	oorations			
SUBJECT		ruction II LLC			
SCHOLCT	•	Name of Limi	ted Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please retu	rn all correspor	ndence concerning this matter t	to the following:		
		Christiane GoldsteinChristi	ane Goldstein		
Name of Person					
		Chris Construction II LLC			
Firm/Company					
9815 Lemonwood Dr					
			Address		
		,Boynton Beach Fl			
City/State and Zip Code					
		internet@gate.net			
		E-mail address: (t	o be used for future annual report notification	ation)	
For further	information co	oncerning this matter, please ca	all:		
Christiane	Goldstein		561 6996778 at ()		
	Name of	Person	Area Code Daytime 1	Felephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

lity Company as it now appears on our red da Limited Liability Company)	ords.)
Company were filed on 6/27/2015	and assigned
nited liability company here:	
mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
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ORESS)	
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	MC TO
	To an emily
istered office address on our reco dress here:	ords, enter the name of the new
Enter Florida street aa	dress
Emer 1 fortal street da	
City	, Florida Zip Code
1	Company were filed on 6/27/2015 mited liability company here: mited Liability Company," the designation "! PRESS) istered office address on our recoderess here: Enter Florida street address add

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 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
MGR	CG INVESTMENT TRUST	9815 Lemonwood Dr,Boynton Bea	■ Add
			Remove
			Change
			Add
			□ Remove
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ective date, if other that is effective date is listed, the date. If the date inserted in cument's effective date or	this block does not	meet the applicable	ate of filing or more the statutory filing req	(optional) nan 90 days after filing uirements, this date) ,.) Pursuant to 605.020 will not be listed a
record specifies a de he 90th day after th			n effective time	, at 12:01 a.m.	on the earlier o
Mar 12th		2018	•		SECRE
(Mustica	PCIN	He My	94	RETAI AHAS
	Mustice of a Signature of a	a member or authorize	ed representative of a	member	IR IS AN

Page 3 of 3

Filing Fee: \$25.00