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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CC 1504 CLC	
Name of Limited Liability Comp	any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chusha	ne (00105171)
Name of Pe	gustruction LLC
9815 Le 1	nonwood D-
Boyn on City/State and Z	Beach
E-mail address: (to be used for future	a ate net
For further information concerning this matter, please call:	
Christiane Courstein at SE	6 699 6778
Name of Person Area Co	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
325.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee	
Registration Section R Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 661 Executive Center Circle Callabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CC 1504	LL C
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we	
Florida document number 4/5000/44/604	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
	7.0
Enter new principal offices address, if applicable:	13 ASE
(Principal office address MUST BE A STREET ADDRESS)	
-	APA-
	D EEO
Enter new mailing address, if applicable:	72 57
(Mailing address MAY BE A POST OFFICE BOX)	7: OR
_	10 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Hew Registered Office Address.	Enter Florida street address
	, Florida
-	Ctry Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office additionally has been notified in writing of this change.	formance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed f	Authorized Person(s) authorized to rom our records:	manage, enter the title, name, and address of each person being	<u>added</u>
MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	Name	Address Type of Action	<u>оп</u>
Mgk	CG Investment Trust	9815 Le monwood Dr Boynton	Bacc 3343
		□ Remove	:
		Change	Ì
		□ Remove	
		Change	
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		Remove	
	•	Change	
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		Change	
		Remove	
		Change	
	_	Remove	
		Change	

D. If amending any other inform	nation, enter change(s) h	ere: (Attach add	itional sheets, if ne	cessary.)	
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					TALLAHASSEE
				THE S	AHAS
				<u>-</u>	SEE. I
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E. Effective date, if other than the	e date of filing:		(anti	anal)	
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be pri lock does not meet the appl	icable startitory fili	(opti more than 90 days after ng requirements, this	filing \ Pursuant to 605	i.0207 (3)(b ed as the
f the record specifies a delaye b) The 90th day after the rec	d effective date, but not not on the contract of the contract	ot an effective	time, at 12:01 a	a.m. on the earlie	er of:
Dated March	874 201	8			
	Mistage (C	dosten	Mge		
Chr	Signature of a member or aut	aorized representativ	or a member		
	Typed or prir	nted name of signee			

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Filing Fee: \$25.00