

L16000098609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

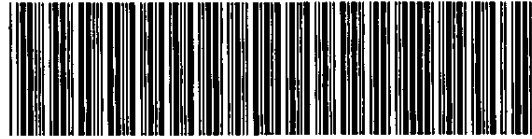
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 7 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C DEFAULT GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID SCHNEID

Name of Person

C DEFAULT GROUP LLC

Firm/Company

6409 CONGRESS AVENUE, SUITE 100

Address

BOCA RATON, FL 33487

City/State and Zip Code

DJS@RASFLAW.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID SCHNEID

561 241-6901
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

C DEFAULT GROUP, 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 05/20/2016 and assigned Florida document number L16000098609.

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)

Enter new mailing address, if applicable:

(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

City

, Florida

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 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	FLYNN LAVRAR	6901 NW 6th Street	<input checked="" type="checkbox"/> Add
		Plantation, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARRETT BENDER	506 Andrew Ave	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRIAN WEPRIN	8534 Briar Rose Point	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN MEISELS	57 West 75th Street Apt 9 K	<input checked="" type="checkbox"/> Add
		New York, NY 10023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MITCHELL GEVINSON	3299 Harrington Dr	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/11, 2016


Signature of a member or authorized representative of a member

Typed or printed name of signee

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