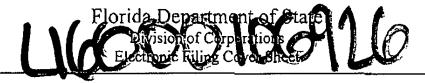
Division of Corporations

Page 1 of 2



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

(((H160002973093)))



H160002973093ABC4

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 : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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

UC Imal.

s: JBEDZOW@CEIBAGROUPE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CG DAVIE NORTH LLC

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

D. SCOTT

DEC 6 2016

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H16000297309 3)))

CG DAVIE NORTH LLC, a Florida limi	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L16000106926	y Company were filed on June 2, 2016 and assigned
This amendment is submitted to amend the following	3
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
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

Dec	ቫ	2016	3:33PN	A
UCU.	٦.	7710	יו זו בובו ב	п

No. 0115 P. 3/4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:					
MGR = N AMBR = A	GR = Manager MBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
MGR	ADAM BEDZÓW	621 S. Federal Highway, Suite #5			
		Fort Lauderdale, FL 33301	☐ Remove		
			□ Chânge		
<del></del> -			O Add		
			☐ Remove		
			☐ Change		
			Add		
			□ Remove		
			□ Change		
			TORRESOVE THE Change		
			E O OF CONTROL OF CONT		
	,		☐ Change		
			D Add		
			□ Remove		

\_ Change

. 5. 2016 3:33PM	No. 0115 P. 4/4
famending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
•	
	<u> </u>
	<del>-</del>
en en a veres es estados de estados en entre en estados en entre en estados en entre	n
ffective date, if other than the date of filing:	after filing.) Pursuant to 605.0207, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:0	la.m. on the exilier of
The 90th day after the record is filed.	EG R T
Dated December 5 , 3014.	SSECOND TO THE PROPERTY OF THE
Signature of a member or authorized representative of a member	
GARY A. KORN, ESQ., Authorized Agent	置 8
Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00

(((H16000297309 3)))