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 audit number (shown below) on the top and bottom of all pages of the document.

(((H16000252143 3)))



H160002521433ABCY

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

Fux Number : (850)617-6383

From:

Account Name : LEOFGLD KORD & LEOPOLD, P.A.

Account Number : I20010000025

Fax Number

Phone : (786)899-2235 : (305)935-9042

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CG OAKLAND PARK LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT 1 3 2016

Electronic Filing Menu

Corporate Filing Menu

Ys ... Help

(((H16000252143 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG OAKLAND PARK LI	LC .	
(Name of the Limited Liability Company as it at (A Ployida Limited Liability C	owappears on our records;) outpany)	
The Articles of Organization for this Limited Liability Company were file	ed on JULY 26, 2016 and assigned	
Florida document number L16000140183		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A PUST OFFICE BOX)	2 9	
na constitution		. .
B. If amending the registered agent and/or registered office address tered agent and/or the new registered office address here:	fress on our records, enter the name of the	nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
City	2ip Code	
New Denistared 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

Page 1 of 3

(((H16000252143 3)))

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

Title	Name	Address	Type of Action
MGR	ADAM BEDZOW	621 South Federal Highway	= Add
		Suite #S	Remove
		Fort Lauderdale, FL 33301	Change
			🗆 Add
			□ Remove
			☐ Change
n			C Add
			C Remove
			_□ Change
*****			_El-Add
			Remove
		<u> </u>	Change
·			Add Go
			Add 60
			Change
			_ C Remove
			_D Change

mending any other	information, en	iter change(s) be	re: (Attach addit	tional sheets, if nec	essary.)	
			*** ***		• •	
+						
		· · · · · · · · · · · · · · · · · · ·				
					<u> </u>	
**						
······						
<u> </u>						
						·
						·
						·
						<u></u>
					,	- 3
		SEPTEMI	BER 30, 2016			\sim
ective date, if other effective date is listed, th	iban the date of : e date must be specif	nue:		opti	onal) Tiline.) Pürsuan	##
e: If the date inserted	in this block does	not meet the appli	cable statutory filir	ng requirements, thi	s date will not	be disted
mnent's effective date	on the Department	a of State's records	; ,			យា
	a-1 . a .ee				2.0	
record specifies a he 90th day after	derayed effecti the record is fi	ive date, but ni iled.	ot an effective	time, at 12:01 a	a.m. on the	earlier
•						
OCTOBER ed	10	2016) 01		
		1	-/ //			
				11		
	Signature	of a member or auth	norrzed representative	61 a member		
		IADV A PODALI	ESQ., Authorized /	1 cant		

Page 3 of 3

Filing Fee: \$25.00

(((H16000252143 3)))