

Dec. 5. 2016 3:38 PM

Division of Corporations

No. 1194 P. 1/4

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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.

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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 future annual report mailings. Enter only one email address please.

Email Address: JBEDZOW@CEIBAGROUPE.COM

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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DEC 06 2016

Electronic Filing Menu Corporate Filing Menu

H. SULKER

Dec. 5. 2016 3:31PM

No. 0114 P. 2/4

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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CG OAKLAND PARK LLC, a Florida limited liability company

(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 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 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:

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|-------------|----------------------------------|-----------------------------------------|
| MGR          | ADAM BEDZOW | 621 S. Federal Highway, Suite #5 | <input checked="" type="checkbox"/> Add |
|              |             | Fort Lauderdale, FL 33301        | <input type="checkbox"/> Remove         |
|              |             |                                  | <input type="checkbox"/> Change         |
|              |             |                                  | <input type="checkbox"/> Add            |
|              |             |                                  | <input type="checkbox"/> Remove         |
|              |             |                                  | <input type="checkbox"/> Change         |
|              |             |                                  | <input type="checkbox"/> Add            |
|              |             |                                  | <input type="checkbox"/> Remove         |
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|              |             |                                  | <input type="checkbox"/> Add            |
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|              |             |                                  | <input type="checkbox"/> Add            |
|              |             |                                  | <input type="checkbox"/> Remove         |
|              |             |                                  | <input type="checkbox"/> Change         |

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16 DEC -5 AM 3:32  
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HALL COUNTY, FLORIDA

No. 0114 P. 4/4

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Dated December 5 2016

Signature of a member or authorized representative of a member

GARY A. KORN, ESQ., Authorized Agent

Typed or printed name of signee

**Filing Fee: \$25.00**

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