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(Re	equestor's Name)	<u>_</u>
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N. CAUSSEAUX JAN 4 2019

COVER LETTER

TO:	Registration Se Division of Cor			
, CIID II		CAPITAL LLC	*	
SUBJI	ECI:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		MARC ZWICK		
		ZWICK & BANYAI, PLL	Name of Person	
		20750 CIVIC CENTER D	Firm/Company RIVE, SUITE 418	
		SOUTHFIELD, MI 48076	Address 6	
		MARCZ@ZWICKCPA.CC	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
MARC	Z@ZWICKCPA.	СОМ	248 356-2330 at ()	
	Name of	f Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

GRUBBRR CAPITAL LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ن ن و
he Articles of Organization for this Limited 1	Liability Company were filed on 11/9/16	and assigned
orida document number L16000206374		_
nis amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company here:	
C PGA, LLC		
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	ibbreviation "L.L.C."
nter new principal offices address, if appli	rahle:	
* *		
<u>rincipal office address MUST BE A STRE</u>		
		
nter new mailing address, if applicable:		·
<u> Iailing address MAY BE A POST OFFICE</u>	BOX)	
If amanding the registered agent and	or registered office address on our records, enter	· the manne of the
gistered agent and/or the new registered o		the name of the
N CN D I A		
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
	, Florida	
	City	Zin 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>	Address	Type of Action
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			Change
			
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fective date, if other than the d in effective date is listed, the date must l	ate of filing:	or to date of filing or more	(optional)	Purcuent to 605 M
ote: If the date inserted in this bloc	k does not meet the appl	licable statutory filing r	equirements, this date w	ill not be listed a
cument's effective date on the Dep	artment of State's record	18.		
record specifies a delayed The 90th day after the reco		not an effective tim	ne, at 12:01 a.m. o	n the earlier o
DECEMBER 12	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00