## 116000208994

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PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CMG Assoc	iates, LLC			
SUBJECT.	Name of Lim	ited Liability Company	<del>-</del>	<del></del>
	Amendment and fee(s) are sub	_		
	Monica Posada			
		Name of Person		
		Firm/Company	<del></del>	
	4023 Cascada Circle			
		Address		
	Hollywood, FL 33024			
		City/State and Zip Code		<del></del>
	monicamposada@gmail.com	n		
	E-mail address: (t	o be used for future annual i	report notification)	<del></del>
For further information co	ncerning this matter, please ca	all:		
Monica Posada		954 295 at ()	55387	
Name of I	Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
区 \$25.00 Filing Fec	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	t 🗆	\$60.00 Filing Fee.
Iready paid	Certificate of Status	Certified Copy (additional copy is encl		Certificate of Status & Certified Copy
see enclosed	letter # 323AC	00008369		(additional copy is enclosed)
Mailing Address:	ation	Street Ad		
Registration Se Division of Co			tion Section of Corporation	าร
`	• • • • •	.5.7.13101	or corporation	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMG Associates, LLC.	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L16000208994	ed on 11/1 4/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Monica M. Posada, LLC.	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2023
Mailing address MAY BE A POST OFFICE BOX)	- <del>- </del> <del>-</del>
	- O 1
3. If amending the registered agent and/or registered office address o	
gent and/or the new registered office address here:	9: 2
	~~~~~ <b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cin	7 in Coda

## 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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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Effective date, if other than the fan effective date is listed, the date mu	e date of filing:		(option	al)
f an effective date is listed, the date mu <b>Note:</b> If the date inserted in this b	st be specific and cannot be plack does not meet the an	prior to date of filing or m	ore than 90 days after fi	ling.) Pursuant to 605,020°
document's effective date on the f	epartment of State's reco	rds.	g requirements, thus t	iate will hot be listed as
			-	
record specifies a delayed effective	ve date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d is filed.				
May 8	2023			
Dated		· ·		
$\mathcal{M}_{\ell}$	Oliver (/a	2011		
1 11		かききょ し		
	Signature of a member or a	uthorized representative	of a member	<del></del>

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