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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: CAY	Shards Auts Name of Lim	Grow LLC ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Quinton	R. BLockev	<u></u>
		Firm/Company	
	14188 da	22 DR Address	
	WinterGa	rden FZ 34-	187
	Quinton DL 1:-mail address: (	ocker@gahos.Com	ication)
For further information e	oncerning this matter, please co	ull:	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahussee, FL 32314

TO:

Registration Section

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

Curshards Au	Ato Group LLC ability Company as it now appears on o	
( <u>Name of the Limited Lie</u> (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L17000 44</u> 2	ty Company were filed on $\frac{2}{\sqrt{2}}$ .	24/17 and assigned
This amendment is submitted to amend the following	g:	
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 I inbility Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida su	
	vater Plorida sti	
<del>-</del>	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:

MGR = Manager

AMBR = Authorized Member Title Name | Address **Type of Action** 2134 Falling Acorn Circle DANN Lake May, FI 32746 Merenne Jariaen Brown \_\_ Change ☐ Remove \_\_\_\_\_ 🔲 Add \_ 🛘 Remove \_□ Change \_\_\_\_ 🗆 Remove \_\_\_\_\_ Change \_□ Add □ Remove \_□ Change □ Add \_\_\_ Remove 

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(H'un el <u>Note:</u>	tive date, if other than the date of filing: \( \frac{128/18}{228/18} \) (optional)  Rective date is listed, the date must be specific and cannot be prior to thate of filing or more than 90 days after filing.) Pursuant to 605.0207 ()  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	12/28/ 2018
	Signature of a member or authorized representative of a member
	Dunton R. Blocker Typed or printed name of signee

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Filing Fee: \$25.00