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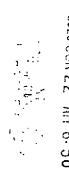
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COVER LETTER

Division of Co			
C & G Ag.			
3000E1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Cameron Gore		
		Name of Person	
	C&G AG, LLC		
		Firm/Company	
	329 Nokomis Ave S Ste J		
		Address	
	Venice FL 34285		
		City/State and Zip Code	
	nineth@coastalgroup.us	to be used for future annual report notif	
For further information c	concerning this matter, please c	·	ication)
Nineth Rosales		941 83-0335 at ()	
Name o	f Person		: 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 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & G AG, LLC

(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 4/17/2017 Florida document number 1.170085211 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) PO Box 20623 Enter new mailing address, if applicable: Sarasota FL 34276 (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

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.

Cin

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
MGR	Randal E Gore	618 Capistrano Dr	≅Add
		Nokomis FL 34275	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
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<u>Note:</u>	ive date, if other than the date of filing:
he recordered is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	·
	Signature of a member or authorized representative of a member
	Cameron Gore
	Typed or printed name of signee

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	·
	
	
	
<u> </u>	
	
Effective date	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (filing.) Pursuant to 605,0207
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ne record specifi ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	 .
	adolfo Cedielo
	Adolfo Cedillo Signature of a member or authorized representative of a member Adolfo Cedillo Typed or printed name of signee

Filing Fee: \$25.00