L17000106900

	(Requestor's Name)
- 1	(Address)
-	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE
	JUL 2 9 2022





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COVERLETTER
SUBJECT: Registration Section Division of Corporations Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following: Name of Person Firm/Compan. Address
City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: City State and Zip Code South Code South Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Area Code Dayting Tetepholic Foundation S60.00 Filing Fee, 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

0	ł ,	
CRG C)PD	ning LLC	1022
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appeals on our records.) Liability Company)	温 = 三
The Articles of Organization for this Limited Liability Company	were filed on 05 15 2017	and assigned
Florida document number <u>L170001069</u> 8		門里世
This amendment is submitted to amend the following:		7: 33
A. If amending name, enter the new name of the limited liab	5 LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "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 agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
Now Davistared 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add ·
			Remove
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			□Remove
			□ Change

If amending	any other inform	ation, enter change	(s) here: (Attach	additional sheets	, if necessary.)	
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Note: If the	date inserted in this	he date of filing: must be specific and can block does not meet Department of State	the applicable statu	filing or more than 90 tory filing requiren	(optional) days after filing.) Pursuar nents, this date will not	it to 605.0207 (3 be listed as th
the record spec ord is filed.	cifies a delayed effec	ctive date, but not an e	ffective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th d	ay after the
Dated	129/2	22 Significate of a green	yer or authorized rep	resentance of a member	ogr .	
-	('t	assan	Sed or printed name	TIVEC	15	