L17000101574

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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O: Registration 5 Division of Co		1	
CFGOSIN	N Properties, LLC	1	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Jon Polenberg	1	
		Name of Person	
	Becker & Poliakoff		
		Firm/Company	
	1 East Broward Blvd., 180	0	
		Address	
	Fort Lauderdale, FL 33301	L	
		City/State and Zip Code	
	jpolenberg@bplegal.com		
		to be used for future annual report noti	fication)
or further information	concerning this matter, please c	all:	
		at () Area Code Daytim	
Name	of Person	Area Code Daytim	e Telephone Number
inclosed is a check for	the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF

CFGOSIN Properties, 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 July 28, 2017 and assigned Florida document number L17000161574 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the 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.

City

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
MGR	Burgos, Gullermo	260 South Osceola, #802	
		Orlando, FL 332801	Remove
			☐ Change
MGR	Burgos, Guillermo	260 South Osceola, #802	Add
		Orlando, FL 33280	Remove
			Change
-			
			Remove
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			Remove
			>> □ Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change

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Filing Fee: \$25.00