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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

_ CGT Flooring	19 LLC	
(Name of the Limited L.) (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	· · · · · · · · · · · · · · · · · · ·	and assigned
Florida document number <u>L1700016879</u>	<u> 17</u> .	
This amendment is submitted to amend the following	if:	
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 A)	DDRESS)	
Enter new mailing address, if applicable:		***
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		er the Rappe of the new
registered agent and/or the new registered office	address here.	AUG AHAA
Name of New Registered Agent:		- XXX
New Registered Office Address:		<u> </u>
	Enter Florida street address	S 12 C
_	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. Thereby 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 = 1 Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos L. Laboy Gunzale,	2971 Clipper cove lane Apt Kissemme f L 34741	2 62 <u>−</u> €1 Add
	'	Kissemme f L 34741	□ Remove
			Change
AMBR	Christian Joel Caboy	2971 Clipper Covilance	
		Kissenne fl 34741	□ Remove
			[] Change
			□ Remove
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Effective date, if other	er than the date of f	īling:		(optio	onal)	
If an effective date is listed Note: If the date insert	ted in this block does r	not meet the appli	cable statutory fil			
document's effective d	ate on the Department	of State's record:	S.			
he record enecifies	a delayed effectiv		ot an effective	e time, at 12:01 a	.m. on the ea	rlier of:
The 90th day aft						
The 90th day aft	+ 28	20/	<u>7</u> .			
The 90th day after	t 28	<u>-, 20/</u>	7 7	, 0 ')		
	+ Z8 Signature	20/ francor and	7 Jenker porized representati	Un is		

Page 3 of 3

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