## Eldal

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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		L RESURFACING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	ı all correspo	ndence concerning this matter	to the following:	
		CHARLES H POWELL		
			Name of Person	<del></del>
			Firm/Company	
		8726 N 52ND STREET		
		TAMPA Ft 22/17	Address	
		TAMPA, FL 33617	City/State and Zip Code	
		cgabinc@gmail.com		
			to be used for future unnual report notif	fication)
		oncerning this matter, please co		
CHARLES	H POWELL		813 833-9455 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

F & S POOL RESURFACING LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on 04-09-2018	and assigned
Florida document number L18000088664		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
CGAB MANUFACTURING LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>20</b>
	<del></del>	A: B
Enter new mailing address, if applicable:		25 HAN
• • • • • • • • • • • • • • • • • • • •	·	SSE 338
Mailing address MAY BE A POST OFFICE BOX)		
		ių Q
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ords, enter the name of the ne
egistered agent and/or the new registered office address ner	<u> </u>	
N		
Name of New Registered Agent:		
New Registered Office Address:		··
	Enter Florida street add	dress
	,	Florida
	City	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Me	mber

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	
			☐ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
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			Add
			☐ Remove
			☐ Change

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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	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	02/21/2019  Signature of a member or authorized representative of a member
	Charles H. Po Well Typed or printed name of signee

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Filing Fee: \$25.00