

12/17

L18000149088

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)517-6383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : E20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CSA GROUP LLC

Certificate of Status	0
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DEC 18 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

Dec 17, 2013 3:19PM

No. 1237 7 2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CAG portfolio, 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 06/05/2014 and assigned
Florida document number ~~14000090250~~ 48000149088

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CSAG portfolio LLC

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 name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Matthew Zilrony

New Registered Office Address:

110 SE 6TH ST, 15TH FLOOR

Enter Florida street address

FT LAUDERDALE

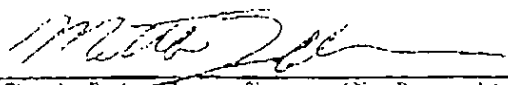
Florida 33301

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

Dec 17 2013 3:20PM

No. 1297 P. 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MEDIA CORP OF AMERICA	4925 N County Road 225A	☒ Add
		Ocala, FL 34482	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2013 DEC 17 9:50 AM
FBI - Ocala

No. 1237 f 4

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Dated 12-17, 2018

CHAD DOHER

Filing Fee: \$25.00

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000090250

Entity Name: CSA GROUP LLC

Current Principal Place of Business:

420 N.W. MARKET PLACE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

420 N.W. MARKET PLACE
PORT ST. LUCIE, FL 34986 US

FEI Number: 47-1024510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLENN, CAUTHREN E
7054 S.W. WISTERIA TER.
PALM CITY, FL 34990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAUTHREN, GLENN E
Address 7054 S.W. WISTERIA TER.
City-State-Zip: PALM CITY FL 34990

Title MGR
Name HURST, WILLIAM D
Address 1515 PINE HOLLOW DR.
City-State-Zip: FORT PIERCE FL 34982

Title AMBR
Name CAUTHREN, GLENN E
Address 7054 S.W. WISTERIA TER
City-State-Zip: PALM CITY FL 34990

Title AMBR
Name HURST, WILLIAM D
Address 1515 PINE HOLLOW DR
City-State-Zip: FT PIERCE FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above or on an attachment with all other like empowered.

SIGNATURE: GLENN CAUTHREN

AMBR/MBR

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date