L18000149088

12/17/18

Division of Corporations

Electronic Filing Cover Sheet

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(((H18000356834 3)))

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
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.

Email Address: _____

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2018 DEC 17 AM 9:50

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CSA GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

2018 DEC 17 PM 2:23

T. CLINE
DEC 18 2018
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

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 ~~L14000090250~~ 48CC014968 8

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)

2013 DEC 17 PM 9:50

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 Zifrony

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

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

Title	Name	Address	Type of Action
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
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12-17 2018

Signature of a member or authorized representative of a member

CHAD DOMEK

Typed or printed name of signee

FILED
2018 DEC 17 PM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

2018 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

FILED
Apr 04, 2018
Secretary of State
CC2775266496

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	Title	MGR
Name	CAUTHREN, GLENN E	Name	HURST, WILLIAM D
Address	7054 S.W. WISTERIA TER.	Address	1515 PINE HOLLOW DR.
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	FORT PIERCE FL 34982
Title	AMBR	Title	AMBR
Name	CAUTHREN, GLENN E	Name	HURST, WILLIAM D
Address	7054 S.W. WISTERIA TER	Address	1515 PINE HOLLOW DR
City-State-Zip:	PALM CITY FL 34990	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