## Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **C&G PAIZ LLC**

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C&G PAIZ LLC	1
(Name of the Limited Lin (A Flo	bility Company as it now rids Limited Liability Cor	rinopears on our records.)
· ,		i ·
The Articles of Organization for this Limited Liability	Company were filed	on 10/08/2018 and assigned
Florida document number L18000235891	·	
This amendment is submitted to amend the following	: •	
A. If amending name, enter the new name of the li	mited liability comp	any here:
The peru name must be distinguishable and	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "L	mited Liability Company	" the designation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET AD)	DRESS)	25. 20
	-	555
·		
Enter new mailing address, if applicable:	<del></del>	<u> </u>
(Mailing address MAY RE A POST OFFICE BOX)	~	52 0m
		3
P. If amond the about the second to		
B. If amending the registered agent and/or registered agent and/or the new registered office ag	pstered office addr idress here:	ess on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The real of the Adding.	E	tter Flortda street address
		, l'Ilorida
	City .	Zlp Code
New Registared Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performa agent as provided fo red office address, I	nce of my duties, and I am familiar with and or in Chanter 605: F.S. Or, if this document is
· ·		

If Changing Registered Agent, Signature of New Revistered Agent

If amending Authorized Person(s) authorized to manage, or removed from our records:	, enter the tit	: lei. name, and	address of each name-	<b>Lai</b> ce - 22.3
or removed from our records:	·	:	activities of each person	Deing added

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>		Address	Type of Action
AMBR	CRISTIAN G PAIZ		10762 SW 5TH ST APT 3	
	<del></del>	-		
			MIAMI, FL. 33174	Remove
				Remove
			<u> </u>	Change
~				□ Add
•				
				Remove
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				Add Add
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			: :	O Change
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				FL 054
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				□ Remove
,		•		Change
				<b>~</b>
<del></del>				Add
				□ Remove
			;	□ Change

Typed or printed name of signee

CRISTIAN PAIZ

uthorized representative of a member

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Filing Fee: \$25.00