# L19000134030

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LLAHASSEE, FLOO

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#### **COVER LETTER**

	Division of Cor				
SUBJEC		rtificates LLC			
SOBJEC	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rei	tum all correspo	ndence concerning this matter	to the following:		
		Denise DeMartini			
Name of Person					
		Commerce Group			
			Firm/Company		
		1280 W Newport Center D	Prive		
			Address		
			City/State and Zip Code		
		Deerfield Beach, Florida 33	442		
		E-mail address: (	to be used for future annual repo	rt notification)	
For furth	er information c	oncerning this matter, please co	all:		
Denise D	DeMartini		954 570-35	515	
	Name o	f Person		Daytime Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>≣</b> \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Addre		
Registration Section Division of Corporations P.O. Box 6327		Registratio Division o	n Section f Corporations		
		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG TAX CERTIFICATES LLC		(3) (1) (1) (1) (2) (1) (1) (2)
(Name of the Limited I	iability Company as it now appears on our re Florida Limited Liability Company)	cords.) 1111:20
The Articles of Organization for this Limited Liabi	lity Company were filed on 5/17/2019	and assigned
Florida document number L19000134030	<del></del>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
20 WVC LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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, 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Remove
			□ Change

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Note: I	re date, if other than the date of filing:
f the reco b) The S	ord 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.
Detail	May 18, 2023
Dated _	Janes Rollentina
	Signature of a member or authorized representative of a member
	Denise DeMartini, COO
	Typed or printed name of signee