## L19000208231

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: CBG Elite I	Reality		
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subtendence concerning this matter		
	Careta Davis		
		Name of Person	
	CBG Elite Reality		
		Firm/Company	
	12080 Lake Fern Dr		
		Address	
	Jacksonville, Fl 32258		
		City/State and Zip Code	
	caretadavis5@gmail.com E-mail address: (1	to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Careta Davis		at ( <u>904</u> ) 3497005	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	ı
The Articles of Organization for this Limited Liability Compan	y were filed on August 14,2019	and assigned
Florida document number <u>L19000208231</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CBG ELITE HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbrevia
Enter new principal offices address, if applicable:		CR Z
(Principal office address MUST BE A STREET ADDRESS)		27 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		m ω
B. If amending the registered agent and/or registered office	address on our records, enter th	ne name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

**CBG ELITE REALITY** 

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>	Name	Address	Type of Action
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			□ Remove
			□ Add
			SECRETARY Change
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			□Remove
			□ Change
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n effective date is listed, the date must be te: If the date inserted in this block	e specific and cannot be	prior to date of filing o	r more than 90 days aft	er filing.) P	ursuant t	to 605.020
cument's effective date on the Department	artment of State's rec	cords.	ining requirements, is	ins date wi		e nace a
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