

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000217025

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000236602 3)))



H220002366021A9CX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-8383

From:
 Account Name : MAS INSURANCE & ACCOUNTING LLC
 Account Number : 170170000039
 Phone : (407)301-2659
 Fax Number : (407)646-0320

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

Email Address:

Brenda.mas@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 C&G EL SHADDAI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 JUL 12 AM 11:41

Electronic Filing Menu

Corporate Filing Menu

Help

2022 JUL 12 AM 11:46

APPROVED
 AND
 FILED

JUL 13 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&G EL SHADDAI 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 08/26/2019 and assigned
Florida document number L19000217025.

This amendment is submitted to amend the following:

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

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:

1501 AVE D NE

(Principal office address MUST BE A STREET ADDRESS)

WINTER HAVEN FL 33881

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:

New Registered Office Address:

1501 AVE D NE

Enter Florida street address

WINTER HAVEN

City

, Florida 33881

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

APPROVED
FILED
022 JUL 12 AM 11:4

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

CHANGE OF ADDRESS

E. Effective date, if other than the date of filing: 07/12/2022 (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 JULY 12 2022

[Handwritten signature]

Signature of a member or authorized representative of a member

CARLOMAR PEREZ DIAZ

Typed or printed name of signer