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## **COVER LETTER**

Division of Corporations
SUBJECT: C.G. Common Ground LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cody N. Williams Name of Person
C.G. Common Ground LLC Firm/Company
200 Vine St.
Address
Oviedo, FL 32765 City/State and Zip Code
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cody Williams at (407) 795 - 2072  Name of Person Area Code Daytine Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000281564</u> .	were filed on	1/12/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Total Edition
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our rec	ords, enter the name of the new registere
New Registered Office Address:	Enter Florid	a street address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office	performance of <mark>n</mark> provided for in Ch	ny duties, and I am familiar with and capter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
AMBR	Robert Collins	2115 Bluefi StPL, Geneva, FL	<b>Z</b> (Add
		3a732	□Rетоve
			Change
		<u> </u>	□Add
		<del></del>	□Remove
		<del></del>	□Change
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			□Change
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			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Percent of Minoralain	
Bou Williams - 34%	_
Lody Williams - 33%	_
Robert Collins - 33%	
	<del></del>
	<del>-</del> -
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. Effective date, if other than the date of filing:	5.0207 (3)(b ted as the
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 cord is filed.	r the
Dated Feb. 5, 2020	
Signature of a member or authorized representative of a member	
- Hoy Williams	
Typed or printed name of signee	

Filing Fee: \$25.00