119000284698

(Requestor's Name)
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S. YOUNG

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COVER LETTER

TO: Registration Se Division of Cor			
CG Laing I	LC		
SUBJECT:	Name of Lin	tha Each Pay () proper	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter	Ţ.	
	Carlton Laing		
		Name of Person	
		Firm/Company	
	11151 Arrowtree Blvd.		
		Address	
	Clermont, FL 34715		
		City/State and Zip Code	
	laingarts@msn.com	to be used for future annual report i	antification)
For further information of	concerning this matter, please c	•	ionneation)
Carlton Laing		407 668 5294	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration : Division of C	
P.O. Box 632	27	The Centre o	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG Laing LLC				63
(<u>Name of the Lin</u>	nited Liability Com (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Compar	ny were filed on 11/15	5/2019	andrassigned
Florida document number 1.19000284698	·			P
This amendment is submitted to amend the fo	llowing:		•	PH 6:1
A. If amending name, enter the new name	of the limited lia	bility company here	:	<u></u>
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	III51 Arrowtree I	Blvd. Clermont, FL	34715
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11151 Arrowtree E	Blvd. Clermont, Fl	34715
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office ess here:	address on our rec	ords, <u>enter the</u> n	ame of the new register
	11151 1	DI I		
	11151 Arrowt	ite biva		
New Registered Office Address:		Enter Elevid.	etraat add-ace	
New Registered Office Address:	Clermont	Enter Florida	street address Florida	31715

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 mending 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
MGR	Carlton Laing	11151 Arrowtree Blvd. Clermont, FL 34715	■Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
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			□Change

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(If an effe Note:	we date, if other than the date of filing:
ne rec The	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.
Dated ₋	7/12/20
	Signature of a member or authorized representative of a member
	inglature of a manner of authorized representative of a member
	Carlton Laing
	Typed or printed name of signee