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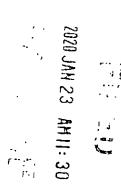
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
CFG Hold	lings, LLC		•	
SUBJECT:			<u> </u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mitchell Berlant			
	<del></del>	Name of Person		
	CGF Holdings, LLC			
		Firm/Company	·····	
	4455 Ironstone Circle			
		Address		
	Orlando, FL 32812			
		City/State and Zip Code		
	mberlant1@gmail.com			
		to be used for future annual report not	ification)	
	oncerning this matter, please c			
Mitchell Berlant		407 690-2555		
Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Registration Se		
Division of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee.			Tallahassee oe Street, Suite 810	
rananassee.	LL 24214	2410 IN. MOREC	e succi, suite 610	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFG Holdings, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on January 2, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	2026
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C." JAN 23
Enter new principal offices address, if applicable:		23
(Principal office address MUST BE A STREET ADDI	RESS)	حر هـ
		₩ 30 ₩ 30
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	Cuit	zaji sanac

## 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR Mitchell Berlant	Mitchell Berlant	2315 Greenleaf Drive	
		01 1 57 20010	□ Add
		Orlando, FL 32810	□Remove
			□Add
			□Remove
			□Add
			□Remove
		<del></del>	Change
			□ Remove
			□ Change
		<del></del>	□Add
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
,	
•	
•	
Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	January 21 2020.
	Signature of a member or authorized representative of a member
	Mitchell Berlant

. . . .

, ,

Filing Fee: \$25.00