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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

COVER LI	ETTER
TO: Registration Section Division of Corporations	
SUBJECT: CMG + Partners LL Name of Limited Liability Core	<u>Dany</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	ج. ري
Please return all correspondence concerning this matter to the following	
Christina M. GR	ENGA
CMG+ Partners	pany.
	<u>E</u>
Delvay Beach, FI	
City/State and 2 CMG renga o g mail E-biail address: (to be used for futu	/ip Code
For further information concerning this matter, please call:	
Christing M. Grange at (14, 2131698
Name of Person / Area C	.ode Daytime Telephone Number
Enclosed is a check for the following amount:	
© \$25.00 Filing Fee	-
	Street Address: Registration Section
•	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TC)	
ARTICLES OF O	RGANIZATION	ر الأ
OF	•	
AMC , D , L , 11C		
CMG + Partners, LLC	un it now appears on our records	
(Name of the Limited Liability Compan (A Florida Limited Li	ibility Company)	، حرب م
The Articles of Organization for this Limited Liability Company ν	sere filed on JANUARY 9th	2020 and assigned
Florida document number	10 11/01/01/01	<u>- </u>
ionida document autimet		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
The paroque maress wost be a street hobbits.		
Enter new mailing address, if applicable:		
••		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the n	ame of the new registered
gent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	, Tiorida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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 p		

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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>CFO</u>	Donna M Brenner	600 Greensward In #103KA) □Add
AMBR		1000 Greensward Ln #103KN Delray Beach, FL 33445	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Change
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			□Change

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ff	date, if other than the date of filing: (optional)
an effect ote: If	date, if other than the date of filing:
record s Lis filed	
	7:
ated	January 31 2020.
ated	Merstina In Surge
ated	January 31 2020 Mustina M. Grenga CHRISTINA M. Grenga Typed or printed name of signee