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COVER LETTER

TO: Registration So Division of Con			
	G GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CARLA CAPRILES		
		Name of Person	
	CC DESING GROUP, LL	С	as SE
		Firm/Company	P 25
	14743 SW 9TH STREET		PP PP
		Address	جَيْ الْمُ
	PEMBROKE PINES, FL	33027	2020 SEP 25 PH 3: 09
	NICO A COUR A GWOC O	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	INFO@ACCURACYCG.C E-mail address: (OM to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	·	
CARLA CAPRILES		786 458-3373	
Name (of Person		e Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 63. Tallahassee,		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our remited Liability Company)	cords.)
npany were filed on $\frac{08/18/2020}{}$	and assigned
d liability company here:	
d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
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<u>SS)</u>	SEP
	25 PH 1
office address on our records, <u>er</u>	iter the name of the new regist
Enter Florida street ad	ldress
	, Florida
i .	mited Liability Company) npany were filed on 08/18/2020 d liability company here: d Liability Company." the designation " SS) Enter Florida street ac

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 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
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			Remove
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ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be put to the date inverted in this block does not possible one.	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.020 oblicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's recor	
ecord specifies a delayed effective date, but not an effective filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed 21 SEPTEMBER 2020	·
CARLA CAPRILA	2 5
Signature of a member or a	uthorized representative of a member