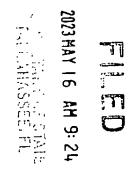
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PICK-UP	WAIT MAIL
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Cartified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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Office Use Only



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2023 HAY 16 AM 9: 15

COVER LETTER

Registration Section Division of Corporations

ECT: AKA	Name of Lim	ited Liability Company	 	
		to the en		
inclosed Articles of a	Amendment and fee(s) are sub-	mitted for tilling.		
z return all correspor	idence concerning this matter	to the following:		
	Dubony K	Name of Person		2023 H/ Salon TAL
	AVA The	Melonda 1 LC Firm Company		1716 1716
	12848 LW	relates		2023 HAY 16 AM 9: 24 SHALLAND SEELFL
	Chermons	EL 347 U City-State and Zip Code		
	E-mail address: ()	to be used for future unual prort noti	fication)	
ather information co	oncerning this matter, please co	ill:		
tuber Kame of	Person	at (262) 745 Area Code Daytin	COG S ne Telephone Number	_
sed is a check for th	e following amount:			
ार,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing b Certificate of Certified Copy (additional copy)	Status &
Mailing Address Registration S Division of Co	Section	<u>Street Address:</u> Registration Se Division of Cor		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKA I he Debut	<u>a LLC</u>	
(A Florida Li	Company as it now appears on or mited Liability Company)	r records.
Articles of Organization for this Limited Liability Con-	npany were filed on <u>57/3</u>	/202\ and assigned
da document number <u>L20000356934</u>		
amendment is submitted to amend the following:		
Tamending name, enter the new name of the limited	d liability company here:	
CBG Properties LLC		
ew name must be distinguishable and contain the words "Limited	I Liability Company," the designat	ion "LLC" or the abbreviation "L 🚍 ."
er new principal offices address, if applicable:		
icipal office address MUST BE A STREET ADDRE.	<u>ss)</u>	TEAT.
		- 33 - 17
		2 2
r new mailing address, if applicable:		
'ing address MAY BE A POST OFFICE BOX)		
I amending the registered agent and/or registered of and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registered
at and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Francess.	Enter Florida stre	et address
		, Florida
	Cuy	Zıp Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and spirithe obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 3 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability sany has been notified in writing of this change

If Changing Registered Agent, Signature of New Registered Agent

...ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added emoyed from our records:

R = Manager BR = Authorized Member

ę	Name	Address	Type of Action
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e: It the date inserted in t	the date of filing: e must be specific and cannot be prior is block does not meet the appli- he Department of State's records	cable statutory filing requir	(optional) 90 days after filing) Prements, this date wi	irsuant to 605.0: Il not be listed	207 i as '
ord specifies a delayed ef filed.	ective date, but not an effective	time, at 12:01 a.m. on the e	artier of: (b) The 9	0th day after t	he
od 5/ 16/	2023	<u>.</u>			
A	Significance of a member of auth				
	Signature of a member of auti	каписи representative of a me	moci		