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(Req	uestor's Name)	
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## **COVER LETTER**

TO:

TO:				>
		CG Holdin	gs of Brevard, LLC	
SUBJE	ECT:	Name of Lim	ited Liability Company	<del></del>
		Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Ganon J. Studenberg		
Please	return all correspo	ndence concerning this matter	to the following:	
			Ganon J. Studenberg	
			Name of Person	
			Studenberg Law	
			Firm/Company	
			1119 Palmetto Avenue	
			Address	
			Melbourne, FL 32901	
			City/State and Zip Code	
			tted for filing.  the following:  Ganon J. Studenberg  Name of Person  Studenberg Law  Firm/Company  1119 Palmetto Avenue  Address  Melbourne, FL 32901  City/State and Zip Code  afo@studenberglaw.com  be used for future annual report notification)  at (	
				otification)
For lur	ther information c	oncerning this matter, please c		
Ganon	J. Studenberg, Es	q	at ()	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Registration S	
	Division of C	orporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CG Holdings of			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L. Clorida document number	iability Company	were filed on	February 4, 2021	and assigned
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :	
he new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:	460 Carriage Roa	ad	
Principal office address MUST BE A STREE		Satellite Beach, Florida 32937		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		460 Carriage Roa Satellite Beach, F		
<ol> <li>If amending the registered agent and/or agent and/or the new registered office address</li> </ol>		address on our re	cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:				
New Registered Office Address:	460 Carriage R	oad		5
New Registered Office Address.			da street address	
	Satellite Beach		, Florida <u><sup>329</sup></u>	37
		City		Zip Code

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chance C. Gulick	460 Carriage Road	□Add
		Satellite Beach, Florida 32937	□Remove
			Change
			□Add
			□ Remove
			□Change
		<del></del>	□Add
		<del></del>	□Remove
			Change
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n effective ote: If th	late, if other than the deduce is listed, the date must be date inserted in this block effective date on the Dep	e specific and cannot be does not meet the	applicable statut	iling or more than 9 tory filing require	(optional) 0 days after filing.) F ments, this date w	ursuant to 605.020
ecord spe is filed.	ecifies a delayed effective (	late, but not an effe	ctive time, at 12:	01 a.m. on the ea	rlier of: (b) The	90th day after the
ted	June 2		·			
-		Money 9 gnature of a member of	or authorized repre	esentative of a mem	ber	
		-	Chance C. Gul			
-		Typed	or printed name of	signee		<del></del>

Filing Fee: \$25.00