

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CG FLORIDA PROPERTIES USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 MAY -4 PM 4:36



May 4, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CG FLORIDA PROPERTIES USA LLC  
4655 EAGLE PEAK DR  
KISSIMMEE, FL 34746US

SUBJECT: CG FLORIDA PROPERTIES USA LLC  
REF: L21000170456

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: E21000177147  
Letter Number: 921A00009260

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CG FLORIDA PROPERTIES USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS E GANTIVA

Name of Person

CG FLORIDA PROPERTIES USA LLC

Firm/Company

4655 EAGLE PEAK DR

Address

KISSIMMEE, FL 34746

City/State and Zip Code

GANTIVAEDUI968@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GANTIVA

612 481-6648

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CG FLORIDA PROPERTIES USA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/13/2021 and assigned  
Florida document number L21000170456.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CARLOS E. GANTIVA

New Registered Office Address:

4655 EAGLE PEAK DR

*Enter Florida street address*

KISSIMMBEE

Florida 34746

*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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS E GANTIVA	4655 EAGLE PEAK DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT  
JANET A. HASSLER, FLORIDA

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

  
 Handwritten letter 'T' with a horizontal bar  
  
 Handwritten letter 'F' with a horizontal bar  
  
 Handwritten letter 'M' with a horizontal bar  
  
 Handwritten letter 'U' with a horizontal bar

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FLORIDA STATE  
ASSISTANT

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05-03-2021

Signature of a n

Carlos Eduardo Gantiva  
Typed or printed name of signer

**Filing Fee: \$25.00**