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COVER LETTER

	Registration So Division of Co					
61:D IE/	CGS RHO	DES LLC				
SUBJEC	-l:	Name of Lin	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Gabrielle Cazimir				
			Name of Person			
		CGS RHODES LLC				
		•	Firm/Company			
		14840 NE 10 Ct				
		Address				
		City/State and Zip Code cgsrhodes@gmail.com E-mail address: (to be used for future annual report notification)				
For first	er information o	e-mail address; to	·	ilication)		
		oncerning this matter, prease c				
Gabrielle	: Cazimir		786 419-8857 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	S30.00 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)		
Ī	Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ction		
Division of Corporations			Division of Cor	morations		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGS KHODES LLC		<u> </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on May 11, 2021	and assigned
lorida document number L21000218680		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" or the ab	breviation "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)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nam	e of the new-regis
Name of Nov Posintaged Agent:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	1 1
	, Florida	Zip Code
	City	zip Coar\

New Registered Agent's Signature, if changing Registered Agent:

AAA BUABBATTA

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
AMBR	KENNIS BLACKMAN	3400 DAVIE RD APT 102	□Add
		DAVIE, FL 33314	Remove
			⊡Change
	 		□Add
			□Remove
			Change
	 		
			Change
			□Add
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			□Change
			☐ Add
			□ Remove
			□Change

). If amending any other information	i, enter change(s) here: (Al	tach additional sheets, if nece	essary.)
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Effective data if other than the data	o of Clina	(a.u.)*a	
Effective date, if other than the dat (If an effective date is listed, the date must be: Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable st	of filing or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605,0207 (3) date will not be listed as the
he record specifies a delayed effective da ord is filed.	te, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated JUNE 28	2021		~
			-
- Alazman Sign	nature of a member or authorized r	epresentative of a member	· · ·
Gabrielle Cazimir			, ,

Typed or printed name of signee