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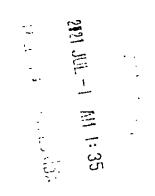
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	LFG OP, LL Name of Lin	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for liling.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Carol H	OUSMAN Name of Person	
	CF Prof	perties Corp) <u>,</u>
	6625 Mis	ini Lakes Dr	<u>-, #340</u>
	Miami La Chousman	City/State and Zip Code Cfpropertic (to be used for luture annual report noti	es.com
For further information c	E-mail address: (oncerning this matter, please c		fication)
Carol Ho	USman f Person	at (305) 777 Area Code Daytim	-0760
Ivainc 0	r r cison	Area Code Palytini	e reachance without
Enclosed is a check for th	ne following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFG OP, LL	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000384082</u>	pany were filed on Old 18 3031 and assigned
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 I	Jability 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	
	ZZZZ JUL
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ن address on our records, <u>enter the name of the newæegistere</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	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

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>			

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael D Friedma	n Lobo 5 Miami Lakes Dr. H	340 110
		Miami Lakes, FL 3301	<u>↓</u> X Remove
			□Change
MGR	Spencer H. Friedma	n 6625 Miami Lakes Dr	#340 :_ 🗆 🗆 Add
		Miami Lakes, FL 33014	_ X (Remove
		<u> </u>	DChange
MGR	CFG Member, LLC	6625 Miami Lakes Dr. #	340 - XABI
		Miami Lakes, FL 33014	
			□ Change
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the D	ock does not in	ect the applica	o date of filing or o ble statutory fili	more than 90 days ng requirements	optional) after filing.) Purs s, this date will r	uant to 605.020 not be listed a
record specifies a delayed effective is filed.	e date, but not a	in effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th	aday after the
ucd June 28	······,	2021				
	Cimatura		Led representative			

Filing Fee: \$25.00