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(Re	equestor's Name)	
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CFG M	Name of Limited Liability Company	
The enclosed Articles of Amendment a  Please return all correspondence concer	-	
	rol Housman	·····
<u> </u>	Properties Corp	) <u>.</u>
6625	5 Miami Lakes Dr Address	c., # 340
Mian	ni Lakes, FL 33C	)14
chou	City/State and Zip Code  JSman @ Cforopertis  B-mail address: (to be used for Inture annual report notion matter, please call:	es.com
For further information concerning this	matter, please call:	
Carol Housman		-0760 c Telephone Number
Enclosed is a check for the following am	nount:	
\$25.00 Filing Fee	iling Fee &	(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 Mem	ber, LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on on a Limited Liability Company)	· records.)
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u>~2</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		三 三
	•	·
		35
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<del></del>		_, Florida
	City	, Florida 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 Title Name Address Type of Action Michael D. Friedman 66025 Miami Lakes Dr. #340 MGR Miami Lakes, FL 33014 MRemove Spencer H. Friedman 6625 Miami Lakes Dr. #340 Miami Lakes, FL 33014 Opernove CFG Manager, LLC 66025 Miami Lakes Dr. #340Add Miani Lakes, FL 33014 PRemove □ Change □Add

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record specifies a delayed effectis filed.	tive date, but n	ot an effective	time, at 12:01 a	.m. on the earlier o	of: (b) The 90	th day after th
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Filing Fee: \$25.00