

L21000295592

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(Address)

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07/20/23--01010--022 **25.00

07/20/23 03:04:00

TO: Registration Section,
Division of Corporations

CGC 3306 LEJEUNE INVESTMENTS LLC

SUBJECT: _____
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:

RADIEL DOMINGUEZ

Name of Person

SMAART LLC

Firm/Company

8200 W 33RD AVE STE #8

Address

HIALEAH, FL 33018

City/State and Zip Code

ANTHONY@SMAARTCOMPANY.COM

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

For further information concerning this matter, please call:

RADIEL DOMINGUEZ

305 764-6179

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGC 3306 LEJEUNE INVESTMENTS 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 06/25/2021 and assigned Florida document number 1.21000295592.

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)
6640 SW 104TH ST
PINECREST, FL 33156

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
6640 SW 104TH ST
PINECREST, FL 33156

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: _____

New Registered Office Address: 6640 SW 104TH ST
Enter Florida street address
PINECREST, Florida 33156
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

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	CGC FREITAS TRUST	6640 SW 104TH ST	<input checked="" type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FREITAS, CARLOS J	6640 SW 104TH ST	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FREITAS, RAQUEL	6640 SW 104TH ST	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

