

L21000471060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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(Business Entity Name)

(Document Number)

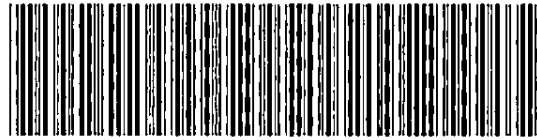
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JUN - 2 2022

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2022 JUN - 1 AM 9: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUN - 1 PM 3: 15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/01/2022

Acc#I20160000072

Eric DW

Name:	Esco Manufacturing, LLC
Document #:	
Order #:	14359760

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 JUN -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ESCO MANUFACTURING, 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 10/29/2021 and assigned
Florida document number L21000471060.

This amendment is submitted to amend the following:

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

CGK Holdings of Florida, LLC

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)

3795 ELK DRIVE

OAKLAND TOWNSHIP, MICHIGAN 48306

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3795 ELK DRIVE

OAKLAND TOWNSHIP, MICHIGAN 48306

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: _____

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>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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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