

L21000533722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

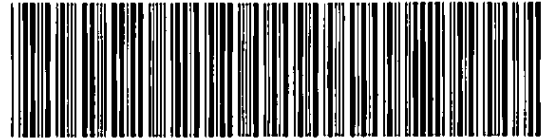
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Ahrendt
&
Restored
Art.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/25/2022

****WALK IN****

ENTITY NAME CBM of America, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S. R. J. / J. /

Please call Tina at the above number for any issues or concerns. Thank you so much!

**STATE OF FLORIDA
AMENDED AND RESTATED ARTICLES OF ORGANIZATION**

Pursuant to the Florida Limited Liability Company Act, Chapter 605, Section 605.0202 (4), as amended, **CPG309, LLC**, a Florida Limited Liability Company, whose original Articles of Organization were filed on **12/20/2021**, Document Number **L21000533722**, hereby adopts the following Amended and Restated Articles of Organization, for the purpose of amending and restating the original Articles of Organization and any amendments thereto, as follows:

Article I - Name:

The name of the Limited Liability Company is:

CPG309, LLC

(must end with the words "Limited Liability Company", "L.L.C." or "LLC.")

Article II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

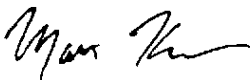
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
753 Kearny Drive Valley Stream, NY 11581	753 Kearny Drive Valley Stream, NY 11581

Article III - Registered Agent, Registered Office & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the Registered Agent are:

**Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
Tallahassee, Florida 32301**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV- The Company shall be managed by one or more Managers, in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company.

The Manager(s) of the Company shall be:

Title: _____ **Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Ira Chaimovits _____

2320 Avenue M _____

Brooklyn NY 11230 _____

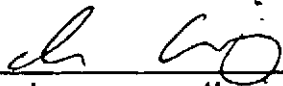
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ira Chaimovits, Manager

Typed or printed name of signee