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SUBJEC [*]	1: <u>_</u>	Name of Lim	ited Liability Company	·	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspo	ndence concerning this matter	to the following:		
		FARAH CRUZ			
			Name of Person		
		FAIL SAFE ACCOUNTIN	NG LLC		
			Firm/Company		
		20 S ROSE AVE SUITE 4			
			Address		
		KISSIMMEE, FL 34741			
			City/State and Zip Code		
		INFO@FAILSAFETAX.C			
For furthe	r information c	eman address: (oncerning this matter, please or	to be used for future annual report no all:	uncanon)	
FARAH (CRUZ		407 201-7988		
-	Name o	f Person		me Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 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		Street Address: Registration S	ection		
Division of Corporations		Division of Co	Division of Corporations		
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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CGL INVESTMENT ENTERPRISES LLC L CANTUR SIATE (Name of the Limited Liability Company as it now appears on our records.) (NEWSSELTE ()) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/04/2022 ____ and assigned Florida document number_L22000060561 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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 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>	Type of Action
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			□Change
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ffective date, if other than the an effective date is listed, the date in fote: If the date inserted in this locument's effective date on the	ie date of filing: _ ust be specific and can block does not meet	the applicable	late of filing or mo		filing.) Pursuant to 60.	
record specifies a delayed effect Lis filed.	ive date, but not an o	effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90th day afte	er the
ated APRIL 28		022				
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Filing Fee: \$25.00

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