## L22 000151524

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## COVER LETTER

Div	ision of Corp	oorations				
ርሀነ <b>ው ነ</b> ሮ <i>ሮ</i> ኖሮ፣	CEGM LLC					
Name of Limited Liability Company						
The encloses	d Articles of Z	Amendment and fee(s) are subr	nitted for filing.			
		ndence concerning this matter t				
		CARLOS ESEQUIEL GON	NZALEZ MORAN			
			Name of Person			
		CEGM LLC				
			Firm/Company			
		459 SW 18TH TERRACE				
			Address			
		MIAMI, FL 33129				
		CEGMLLC22@GMAIL.CC	City/State and Zip Code			
			o be used for future annual report notif	ication)		
For further	information c	oncerning this matter, please ca	all:			
CARLOS E	ESEQUIEL G	ONZALEZ MORAN	305 766-0809 at ()			
	Name o	f Person	Area Code Daytime	2 Telephone Number		
Enclosed is	a check for the	ne 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)		
	ailing Addres		<u>Street Address:</u> Registration Sec	ction		
K	egistration	Section	Division of Con			

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

CEGM LLC			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records. Liability Company)	J
ne Articles of Organization for this Limited Lia	bility Company	were filed on 03/29/2022	and assigned
orida document number L22000151524	·		
is amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of	he limited liab	ility company here:	
e new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:		
rincipal office address MUST BE A STREET	ADDRESS)		
nter new mailing address, if applicable:			<u></u>
<u> Iailing address MAY BE A POST OFFICE B</u>	(OX)		
If amending the registered agent and/or regent and/or the new registered office address	gistered office : here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	<u>-</u> .	Enter Florida street address	
		, Fla	orida 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 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>	Address	Type of Action
AMBR	CARLOS ESEQUIEL GONZALEZ MORAN	1946 SW 18TH AVE, MIAMI FL 33145	≅Add
	ADD HIM AS AN AUTHORIZED MEMBER, INTEAD OF REGISTERED AGENT		□Remove
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Add
			🗆 Remove
			□Change
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			Remove
			□ Change

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If an effe Note:	ve date, if other than the date of filing:
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
rd is fil	

Filing Fee: \$25.00