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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JANIS UNRUH PROJECTS LLC

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Help XII- 31 I

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Janis Unruh Projects LLC	<u> </u>
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
he Articles of Organization for this Limited Liability Company were filed o	n 06/28/22 and assigned
lorida document number <u>L22000292206</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compar	ny here:
CETG LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2
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. If amending the registered agent and/or registered office address on o	
gent and/or the new registered office address here:	P
	:
Name of New Registered Agent:	<u> </u>
New Devices and Office Address	di 🚅
New Registered Office Address:	r Florida street address
	r Florida street address, Florida

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
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
		,	□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
E. Effective date, if other than the date of filing:	7 (3)(b s the
f the 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 ecord is filed.	:
Dated February 21 2023	
Signature of a member or authorized representative of a member	
Nat Smith Typed or printed name of signee	

Filing Fee: \$25.00