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To:
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REEL

Account Number : 072720000036

: (407)843-4600 Fax Number : (786)901-8020

Attn: Tami D. Passley

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

Email Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONDOMINIUM ASSOCIATION TRUSTEE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONDOMINIUM ASSOCIATION TRUSTEE		
(Name of the Limited Liability (A Florida L	Company as if now appears on our records imited Liability Company)	_)
The Articles of Organization for this Limited Liability Cor Florida document number L22000369568	mpany were filed on 08/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Condominium Advisory Group, LLC		SE 20:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation C.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Enter new mailing address, if applicable:		D 18: 25 STATE
(Muiling address MAY BE A POST OFFICE BOX)		H 44 PM
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	•
		orida
	City	Zip Cuae

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 =	<b>Authorized Member</b>

Title	Name	Address	Type of Action
			□Add
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<del></del>	Manager Control of the Control of th	·	DAdd
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne reco ord is f	rd 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 iled.
Dated	November 7 , 2022
	Signature of a member of a member
	Signature of a member of a member

Filing Fee: \$25.00