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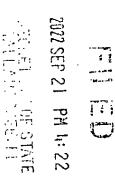
	(Requestor's Name)
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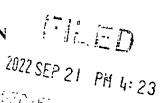
## **COVER LETTER**

TO:

	in Park, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy P. Atkinson, Esq.		
	*****	Name of Person	
	Oertel, Fernandez, Bryant	& Atkinson, PA	
Division of Corporations  SUBJECT:    Name of Limited Liability Company	_ <del></del>		
	PO Box 1110		
	CBG Paladin Park, LLC  E  Name of Limited Liability Company  seed Articles of Amendment and feets) are submitted for filing.  urn all correspondence concerning this matter to the following:  Timothy P. Atkinson, Esq.  Name of Person  Oertel, Fernandez, Bryant & Atkinson, PA  FirmyCompany  PO Box 1110  Address  Tallahassee, FL 32302  City/State and Zip Code  joe@capitoff.com  E-mail address: to be used for future annual report notification)  r information concerning this matter, please call: . Smith  Name of Person  Name of Person  Steek for the following amount:  0 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status  Street Address:	<del></del>	
	Tallahassee, FL 32302		
		City/State and Zip Code	<del></del>
			-
For further information c			meanon)
Allyne M. Smith			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
☐ \$25.00 Filing Fee		Certified Copy	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			ection
<del>-</del>		Division of Cor	rporations
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CBG Paladin Park, LLC

(Name of the Limited Liability Company as it now appears on ou

<del>-</del>	City	Zip Code
	Florida	ı
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:	<del>-</del>	
3. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the r</u> iere:	name of the new regist
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Inter new mailing address, if applicable:  Mailing address MAV RE A POST OFFICE RO	DV)	
<u>Principal office address MUST BE A STREET /</u>	ADDRESS)	
nter new principal offices address, if applicable	e:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
. If amending name, enter the new name of th	e limited liability company here:	
his amendment is submitted to amend the following	ing:	
forida document number L22000370662	·	
	ility Company were filed on August 24, 2022	and assigned
		SE ME

## 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joseph Garofalo	1200 NORTH FEDERAL HIGHWAY, SUITE 200	
		BOCA RATON, FL 33432	
			□Change
MGR	Port Richey Village Investments, LLC	9010 20TH STREET	
		VERO BEACH, FL 32966	□Remove
			□Change
		<del> </del>	□Add
			□Remove
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			⊡Remove
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		<del></del>	□Change
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			□Remove
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fective date, if other than the uneffective date is listed, the date municiple: If the date inserted in this b	ist be specific and cannot be prior flock does not meet the applic	r to date of filing or more that cable statutory filing requ	(optional) n 90 days after filing.) Pursuant irements, this date will not b	to 605.0207 be listed as
cument's effective date on the I	Department of State's records	i.		
ecord specifies a delayed effecti is filed.	ve date, but not an effective t	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
September 21	2022			
september 24/	(11/1/1/2 <sup>022</sup>	<del></del> ·		
Mun	WW W -			
_ Mun	Significe of a member or auth	norized representative of a m	iember	<del></del>

Filing Fee: \$25.00