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(((H23000146844 3)))



H230001468443ABC%

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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.**

¢Ema	il	Ado	Ires	s:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CGC NAPLES LLC**

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGC NAPLES LLC			
(<u>Name of the Limited I</u> (A F	Jability Company as it now appears on our record forida Limited Liability Company)	<u>(Is.)</u>	
he Articles of Organization for this Limited Liabil	ity Company were filed on 04/06/2023		_ and assigned
lorida document number L23000171219			_
his amendment is submitted to amend the following	ng:		
. If amending name, enter the new name of the	limited liability company here:		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable	::		
Principal office address MUST BE A STREET A	DDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u> </u>		
		7.E	
. If amending the registered agent and/or regis		the name (of the new regist
<u>gent and/or the new registered office address ho</u>	<u>ere</u> :		<u>. 11.</u>
			? ?
Name of New Registered Agent:			0 [
Nove Desire and Office Address			E C
New Registered Office Address:	Enter Florida street addre:	<u>,</u>	<u></u>
			F
_		lorida 🗓	9
	City		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

Title	<u>Name</u>	Address	Type of Action
MGR	Richard Campbell	12101 S 88th Ave	
		Palos Park, IL 60464	□Remove
			□Change
			⊡Add
			□Remove
			□Change
			OAdd
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			Remove
			□ Change

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(If an ef Note:	fective date, if other than the date of filing: [Continual of the 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 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he recoi ord is fi	d 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 led.
Dated	April 19
	Signature of a member or authorized representative of a member
	organizate of a member of authorized representative of a fixture
	Robin Jones
	Typed or printed name of signee

r

Filing Fee: \$25.00