

L23 000 332 392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

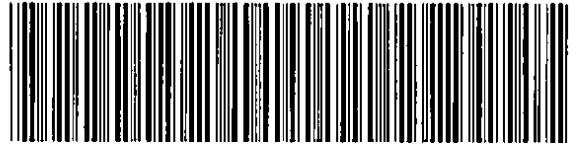
(Business Entity Name)

(Document Number)

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2023 AUG 11 AM 9:44  
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8/27/2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CG&F Home Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelley F. Cary

\_\_\_\_\_  
Name of Person

CG&F Home Services, LLC

\_\_\_\_\_  
Firm/Company

627 Cape Coral Pkwy W., Suite 202, V#187

\_\_\_\_\_  
Address

Cape Coral, FL 33914

\_\_\_\_\_  
City/State and Zip Code

shelleycary@thecaryteam.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Cary

239 989-2229

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

CG&F Home Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 AUG 11 AM 9:44

The Articles of Organization for this Limited Liability Company were filed on July 13th, 2023 and assigned  
Florida document number L23000332392.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

627 Cape Coral Pkwy W.

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 202, V#187

Cape Coral, FL 33914

**Enter new mailing address, if applicable:**

627 Cape Coral Pkwy W.

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 202, V#187

Cape Coral, FL 33914

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Shelley F. Cary

New Registered Office Address:

627 Cape Coral Pkwy W., Suite 202, V#187

*Enter Florida street address*

Cape Coral

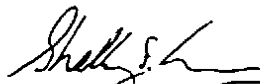
Florida 33914

*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 Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cary International Development, LI	535 Beal St. NW	<input type="checkbox"/> Add
		Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shelley F. Cary	627 Cape Coral Pkwy W.	<input checked="" type="checkbox"/> Add
		Suite 202, V#187	<input type="checkbox"/> Remove
		Cape Coral, FL 33914	<input type="checkbox"/> Change
MGR	Noelle Giacalone	535 Beal St. NW.	<input type="checkbox"/> Add
		Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If 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 record is filed.

  
Signature of a member or authorized representative of a member

**Filing Fee: \$25.00**