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(Re	questor's Name)	
		<u>.</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
		<b>—</b>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

## **COVER LETTER**

	Registration Se Division of Co			sa	٨	
	CPG Gradi	ng LLC				
SUBJEC	T:	Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub-				
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Angela Wang				
			Name of Person			
		CPG Grading LLC				
			Firm/Company			
		86613 Lazy Lake Circle				
			Address			
		Yulee, FL 32097		ن س <u>-</u> س	2023	
		cpgcollectibles@gmail.com	City/State and Zip Code		3 DEC	****
		· ·	to be used for future annual report notifica	tion)	<u></u>	خارمونده و محارم و محارم
For furth	ner information	concerning this matter, please co	all:	ည်တ ကျောင် ကြတ	P	, () 
Angela V	Wang		732 644-7683		2: 59	*****
-	Name	of Person		elephone Number		
Enclosed	d is a check for t	the following amount:				
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Stati opy	
	Mailing Addre	<u>:55:</u>	Street Address:			
	Registration	Section	Registration Secti			
	P.O. Box 63	Corporations 27	Division of Corpo The Centre of Tal			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	omey Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 1230 37 125 2	ere filed on <u>08/10/2</u> 0	<u>223</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty 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:		202 SH
(Principal office address MUST BE A STREET ADDRESS)		TALE CR
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		LAHASY OF STATE
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	Cin	Ap Coae

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>	Type of Action
MGR	William N. Watson Jr.	1417 Morton Ave.	■Add
	_	Folsom, PA 19033	□Remove
			□Change
			□ Add
			Remove  SECRUTARY  SECRETARY  SECRETARY  Remove
			Fig. 22
			□Change
			Remove
			Change
			□Add
			Remove
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te: If the date inserted in this blo	be specific and cannot be prior to date ouck does not meet the applicable state	tutory filing requirements, th	is date will not be listed:
rument's effective date on the De	partment of State's records.		
cord specifies a delayed effective s filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (	b) The 90th day after th
ed December 1	2023		
	211		
William !	Mary in		
MULLIANTY .	1/J/96/1 A / A /		
_ Mellastr'_	Signature of a thember or authorized re	presentative of a member	