

2024 OCT -9 AM 8:26
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIGURELLA CG 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:

ANGELA PEREZ

Name of Person

A CAMI BUSINESS AND CORPORATE SOLUTIONS LLC

Firm/Company

8500 SUNRISE LAKES BLVD., STE. 109

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

ACAMI@CAMIBCS.COM

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

For further information concerning this matter, please call:

ANGELA PEREZ

Name of Person

at (305) 489-1414

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2024

ANGELA PEREZ
A CAMI BUSINESS AND CORPORATE SOLUTIONS
8500 SUNRISE LAKES BLVD, STE 109
SUNRISE, FL 33322

SUBJECT: FIGURELLA CG LLC
Ref. Number: L24000000426

We have received your document for FIGURELLA CG LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

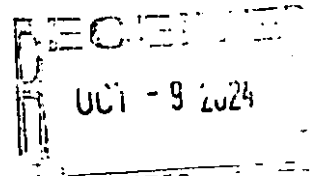
The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 324A00019724



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 OCT -9 AM 8:26

FIGURELLA CG LLC

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/21/2023
Florida document number L24000000426

This amendment is submitted to amend the following: _____ and assign.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9717 SW 74TH AVENUE
OCALA, FLORIDA 34476

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:

New Registered Office Address:

CAMI BUSINESS AND CORPORATE SOLUTIONS LLC

8500 Sunrise Lakes Blvd, Ste 109
Enter Florida street address

Sunrise

City

Florida

33322

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

As attending 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

Name

Address

Type of Action

MGR

CRISTINA LELLI

9717 SW 74TH AVENUE

☐ Add

Ocala, FL. 34476

☐ Remove

Change

▢ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add

} Remove

Change

Add

Remove

Change

FILED
2024 OCT -9 AM 8:26
TALLAHASSEE, FLORIDA

FILED
2024 OCT -9 AM 8:26
TALLAHASSEE, FLORIDA

(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

Typed or printed name of signee

Filing Fee: \$25.00