

8/26/2024 2:58 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000153903

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC
Account Number : I20230000193
Phone : (407)552-7903
Fax Number : (407)449-2348

FALL 2024 SEP 14 AM 3:14

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@CLAUDIALIMATAX.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CGN HANDYMAN LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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K. SALY

SEP - 5 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGN HANDYMAN 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:

CLAUDIA LIMA
Name of Person
CLAUDIA LIMA TAX & ACCOUNTING LLC
Firm/Company
9100 CONROY WINDERMERE RD STE 200 OFFICE 241
Address
WINDERMERE, FL 34786
City/State and Zip Code
INFO@CLAUDIALIMATAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA LIMA 407 5527903
Name of Person at () 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**

CGN HANDYMAN LLC

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

FILED
2024 SEP -4 AM 3:14
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/01/2024 and assigned
Florida document number 1.24000153903.

This amendment is submitted to amend the following:

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

CGN SOLUTIONS LLC

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) _____

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: _____

Enter Florida street address

_____, Florida _____
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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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FALL RIVER, FLORIDA
COUNTY CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2024 SEP -1 AM 3:15
TALLAHASSEE FLORIDA

רחוק

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 26TH 2024

Chatter Chatter (Aug 25, 2023 11:17 EDT)

Signature of a member or authorized representative of a member

CLAYTON GONCALVES CHAVES

Typed or printed name of signee

Filing Fee: \$25.00