L24000214484

(R	equestor's Name)	
(Ai	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	-
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fill	ing Officer:	

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SECRETARY OF STATE

TALLAHASSEE, FL

TALLAHASSEE, FL

TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: CG INTER	NATIONAL LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MARJORIE VILLARROI				
		Name of Person			
	NM TAX & MULTISERY				
		Firm/Company			
	22323 LOOP 494 STE A				
		Address		/A N3	
	KINGWOOD TX 77339			2024 NOV SECRET TALLA	^ ;~ ;
		City/State and Zip Code		FET OF -	T
	NMTAXYMORE@GMAI		<u> </u>	- 5 5	
	E-mail address: (to be used for future annual report notif	(cation)		1
For further information of	oncerning this matter, please c	all:		124 NOV -S AM 9: 20 ECRETARY OF STATE TALLAHASSEE, FL	<u> </u>
MARJORIE VILLARRO	DEL	at (281) 5773034		20 ATE	
Name o	f Person		Telephone Number	_ ,	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &	
Mailing Addre	<u>»:</u>	Street Address:			

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

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

(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on o hability Company)	ur records.)		
The Articles of Organization for this Limited L	iability Company	were filed on MAY 08	8 2024	and assigned	
Florida document number 1.24000214484	,				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
the new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designa	ntion "LLC" or the ab	breviation "L.L.C."	-
Enter new principal offices address, if applic	cable:				
Principal office address MUST BE A STREI	ET ADDRESS)			-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22323 4.OOP 494 ST		SECRE	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our recor	ds, <u>enter the nam</u>	ARREW region SEE.	ster
Name of New Registered Agent:	CG INTERNA	ATIONAL LLC		: 20 TATE FL)
New Registered Office Address:	66 WEST FLA	AGLER STREET STE 9			
	MIAMI		Florida _33	3130	
		City	, FIOLIGIA	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.

Franklin Arias
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>	Address	Type of Action
AMBR	FRANKLIN R ARIAS REYES	66 WEST FLAGLER STREET STE 900	□Add
		MIAMI, FL 33130 US	Remove
			□Change
			□Add
			□Remove
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			SECRET
			2004 NOV 5 AM 9: 200 SECRETARY OF STARE
			□Change
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NONE			•
			
			
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Tective date, if other than the date of filing: in effective date is listed, the date must be specific and ca	10/15/2024	(optional)	TST 9
in effective date is listed, the date must be specific and ca ote: If the date inserted in this block does not med	mnot be prior to date of filing or r et the applicable statutory fili	more than 90 days after filing.) Purst ng requirements, this date will r	not be listed as Obe
ocument's effective date on the Department of Stat			
record specifies a delayed effective date, but not an	effective time, at 12:01 a.m.	on the earlier of: (b) The 90tl	h day after the
is filed.			
NOV 3RD	2021		
NOV 3RD	2024		
Franklin Ar	las		
Signature of a me	mber or authorized representativ	e of a member	
	\ \~\^@		
FRANKLIN	yped or printed name of signee		

Filing Fee: \$25.00