## L24000401294

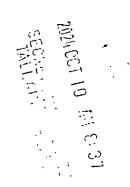
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## **COVER LETTER**

TO: Registration S Division of Co		,	
CGB FINA	ANCIAL SOLUTIONS LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	ODALYS GOMEZ DE A	ACOSTA	
		Name of Person	<u>.</u>
	RIZO AND DE ACOSTA	V LLC	
		Firm/Company	- 2
	131 W WASHINGTON S	ST UNIT 876	2024 OCT 10 SECRETED
		Address	
	MINNEOLA, FL 34755		
	·	City/State and Zip Code	
	FDEATAX@AOL.COM		$\sim$
		(to be used for future annual report notifi	cation)
For further information of	concerning this matter, please of	call;	
ODALYS GOMEZ DE	ACOSTA	786 251-3671	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGB FINANCIAL SOLUTIONS LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u> s.</u> )
The Articles of Organization for this Limited Liability Compa	ny were filed on 9/13/2024	and assigned
Florida document number L24000401294		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		<u> </u>
		1000 H
Enter new mailing address, if applicable:	1,000	) - (F)
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	<del></del>	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regist
generalization the new registered office address fiere.		
Name of New Registered Agent:	·· <del></del> ··	
New Registered Office Address:		··········
	Enter Florida street addres.	· ·
<u></u>	, Flo	oridaZip Code
	City	mp coue

## 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 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
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		ORLANDO, FL 32828	□Remove
			≣Change
			□Add
		<del></del>	□Remove
		<del></del>	□ Change
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E. Effective date (If an effective date Note: If the date document's eff	ate inserted i	n this block o	does not r	neet the ap	pplicable	te of filing statutory	or more tha filing requ	n 90 days firements,	ptional) after filing. this date	) Pursua will no	int to 605 it be list	5.0207 ( led as t
If the record specificecord is filed.	ies a delayed	effective dat	le, but not	t an effecti	ive time, a	at 12:01 a	.m. on the	earlier o	f: (b) Th	e 90th	day afte	r the
Dated	1	<u> 1 - 1 3 - 24</u>		,	<u></u> ·							

Filing Fee: \$25.00