

M16000010189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILED
17 FEB 14 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMG Jacksonville, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margie Tolbert

Name of Person

Sirote & Permutt, P.C.

Firm/Company

2311 Highland Avenue South

Address

Birmingham, AL 35205

City/State and Zip Code

scamp@cgpre.com

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

For further information concerning this matter, please call:

Margie Tolbert

Name of Person

at (205) 930-5198

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CMG Jacksonville, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M16000010189

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/20/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CGCMG Jacksonville, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

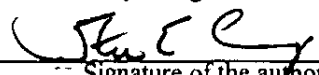
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Steven E. Camp

Typed or printed name of signee

Filing Fee: \$25.00

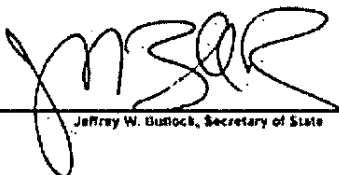
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CMG JACKSONVILLE, LLC", CHANGING ITS NAME FROM "CMG JACKSONVILLE, LLC" TO "CGCMG JACKSONVILLE, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF FEBRUARY, A.D. 2017, AT 9:37 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

6254430 8100
SR# 20170797301

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202017129
Date: 02-10-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:37 AM 02/10/2017
FILED 09:37 AM 02/10/2017
SR 20170797301 - File Number 6254430

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
CMG JACKSONVILLE, LLC**

The undersigned company, CMG Jacksonville, LLC, a company organized and existing under the Laws of the State of Delaware (the "Company"), does hereby certify:

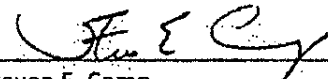
The Certificate of Formation shall be amended by deleting Section 1 in its entirety, and substituting in lieu thereof the following:

**ARTICLE I
NAME OF COMPANY**

1. The name of the limited liability company is CGCMG Jacksonville, LLC.

IN WITNESS WHEREOF, the undersigned Company, by its duly authorized person and with full authority, has executed this Certificate under seal as of this 9th day of February, 2017.

CMG JACKSONVILLE, LLC

By: 
Steven E. Camp
Its Authorized Person