

L13 000014257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

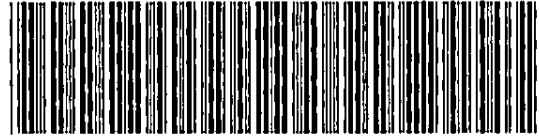
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MISSISSIPPI
TOLSON

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OCT 1 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMOTA 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:

ANTONIO MALAVE

Name of Person

CMOTA LLC

Firm/Company

PO BOX 526944

Address

Miami, FL 33152

City/State and Zip Code

ana.carreno@truegrade.net

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

For further information concerning this matter, please call:

Ana Carreno

305 800-8783

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CMOTA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/28/2013 and assigned Florida document number L13000014257.

This amendment is submitted to amend the following:

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:

650 N.E. 185th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33179

Enter new mailing address, if applicable:

PO BOX 526944

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33152

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REC'D

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: Jennifer Miller

New Registered Office Address: 14545J S Military TR #109

Enter Florida street address

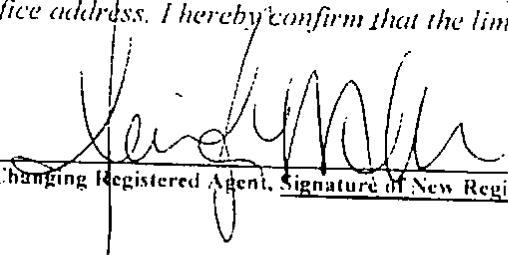
Delray Beach, Florida 33484

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>
MGR	WHEELER, CHRISTOPHER	7200 NW 19 ST	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33126	<input type="checkbox"/> Change
MGR	MALAVE, ANTONIO	7200 NW 19 ST	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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