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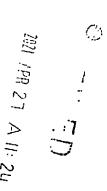
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COVER LETTER

TO: Registration Section

Division of Cor	porations			•
	LC .			w
SUBJECT:	Name of Limited Liability Company Josed Articles of Amendment and fee(s) are submitted for filing, eturn all correspondence concerning this matter to the following: WHEELER, CHRISTOPHER G Name of Person CMOTA, LLC Firm/Company 7200 NW 19 STSUITE 100 Address MIAMI, FL 33126 City/State and Zip Code E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: TOPHER G WHEELER Name of Person Area Code Daytime Telephone Number d is a check for the following amount: OF 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 Zallah Nomeroe Street, Suite 816			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CMOTA LLC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: WHEELER. CHRISTOPHER G Name of Person CMOTA, LLC Finu/Company 7200 NW 19 STSUITE 100 Address MIAMI, FL 33126 City/State and Zip Code E-mail address: (to be used for future annual report notification) information concerning this matter, please call: PHER G WHEELER Name of Person Area Code Daytime Telephone Number Filing Fee Scriffed Copy (additional copy is enclosed) alling Address: egistration Section Division of Corporations Division of Corporatio			
	CMOTA, LLC		Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) tion porations allahassee Street, Suite 810	
Firm/Company				
	7200 NW 19 STSUITE 10	0		
		Address		
	MIAMI, FL 33126			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please c	all:		
CHRISTOPHER G WH	EELER	at ()		
Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate Certified (e of Status & Copy
Registration S Division of C P.O. Box 632	Section Corporations 7	Registration Section Division of Corporate Centre of Tale 2415 N. Monroe States	orations lahassee Street, Suite 81	011 /FR 27 6A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMOTA, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) / Company)	
ne Articles of Organization for this Limited Liability Company were	filed on 01/28/2013	and assigned
orida document number 1.13000014257		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	ompany here:	
ne new name must be distinguishable and contain the words "Limited Liability Con	npany." the designation "LLC" or the	abbreviation "L.IC."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
<u></u>		
. If amending the registered agent and/or registered office addres	ss on our records, <u>enter the na</u>	
ent and/or the new registered office address here:		2021
N. C.		
Name of New Registered Agent:		
New Registered Office Address:		- - 1
	Enter Florida street address	
	, Florida	2

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.

City

77ip Code

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
MGR	MALAVE, ANTONIO M	7200 NW 19 STSUITE 100MIAMI, FL 33126	🗆 Add
			■Remove
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Effective date, if other than the date of filing:		filing.) Pursu <mark>ant</mark> t	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this	_	e listed as. را
·		7921	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied ord is filed.	er of: (b)	The 90th day	after the
		À	:7
Dated MARCH 26TH 2021		A 11: 24	J
		24	
Signature of a member or authorized representative of a member	r		
CUDISTORIES C MUSELES			
CHRISTOPHER G WHEELER Typed or printed name of signee			_