

L14000097115

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FACSIMILE TRANSMITTAL SHEET

TO / COMPANY:	TO FAX NUMBER:	FROM:
CMC Asset Holdings, LLC - Document #L14000097115	18506176383	Lagana, Vanessa

NOTES/COMMENTS:

Ladies and Gentlemen:

Attached please find the Articles of Amendment to the Articles of Organization of CMC Asset Holdings, LLC - Document #L14000097115 for filing with the Florida Division of Corporations.

Please proceed accordingly.

Sincerely,

Vanessa Lagana
 Corporate Paralegal
 Fox Rothschild LLP
 Southeast Financial Center
 200 South Biscayne Boulevard
 Suite 3590
 Miami, FL 33131
 (305) 442-6544 - direct
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMC ASSET HOLDINGS, 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:

VANESSA LAGANA
Name of Person
FOX ROTHSCHILD LLP
Firm/Company
SOUTHEAST FINANCIAL CENTER, 200 S. BISCAYNE BLVD., STE 3590
Address
MIAMI, FL 33145
City/State and Zip Code
carmenmallea83@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA at (305) 442-6544
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CMC ASSET HOLDINGS, 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 06/13/2014 and assigned Florida document number L14000097115.

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 end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices 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)

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:

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	CARMEN MALLEA	150 GIRALDA AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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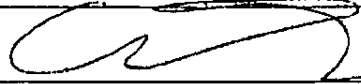
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21 2014



Signature of a member or authorized representative of a member

Alejandro Miyar, authorized representative

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA