

Division of Corporations

Page 1 of 1

419000088280378
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000088280 3)))



H190000882803ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WILLIAM P. WEATHERFORD, JR., P.A.
Account Number : 120020000089
Phone : (407)629-5036
Fax Number : (407)740-0310

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mbateman@gibbsandregister.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CMS INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 15 PM 12:47

FILED

21:2:13 51 0.16102

Electronic Filing Menu Corporate Filing Menu Help

O SIMMONS
MAR 14 2019

((H19000088280 3))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMS Investments, 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:

William P. Weatherford, Jr., Esq.

Name of Person

William P. Weatherford, Jr., P.A.

Firm/Company

1150 Louisiana Avenue, Suite 4

Address

Winter Park, FL 32789

City/State and Zip Code

mbateman@gibbsandregister.com.

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

For further information concerning this matter, please call:

William P. Weatherford, Jr.

407
at ()

629-5008

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

((H19000088280 3))

((H19000088280 3))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CMS Investments, 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 March 6, 2019 and assigned Florida document number L19000064378

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
MAR 15 PM 2:47
19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

((H19000088280 3))

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	John W. Gibbs	232 South Dillard Street	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John E. Rodriguez	232 South Dillard Street	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAR 15 2019
 PHOENIX
 ARIZONA

((H19000088280 3))

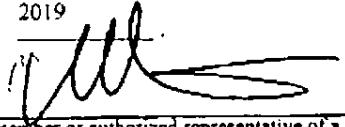
(((H19000088280 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 MAR 15 PM 12:47
 19
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: March 15, 2019 (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated March 15, 2019


 Signature of a member or authorized representative of a member
William Weatherford

 Typed or printed name of signee

Authorized Representative