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## **COVER LETTER**

TO: Registration So Division of Co				
	MILY GROUP. LLC	·		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VANESSA CAMEJO-AF	RGUDIN		
		Name of Person		
		Firm/Company		
	MIAMI, FL 33186			
		City/State and Zip Code		
	INFO@REMOTEBOOKK		<del> </del>	
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information of	concerning this matter, please c	all:		20
VANESSA CAMEJO-	ARGUDIN	305 456-8266 at ()		20 13.8
Name o	of Person	Area Code Daytime	Telephone Number	. 0
				TO 25
Enclosed is a check for t	he following amount:			$\stackrel{\cdot}{\sim}$
☐ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	

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**

	T ICLES OF C	AMENDMENT O ORGANIZATION OF	Lower of Sanos	
CMC FAMILY GROUP LLC			The state of	
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L20000040530		were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	oility company here:		
N/A		campany dere		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	6761 W. SUNRISE BLVD, UNIT	10	
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33313		
<del></del>				
Enter new mailing address, if applicable:		23013 SW 112TH CT		
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33170		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:	REMOTE BOOKKEEPING CORP			
New Registered Office Address:	14221 SW 12	0TH STREET, SUITE 209		
New Registered Office Address.	•	Enter Florida street address		
	MIAMI	. Florid	a <u>33186</u>	
		City:	Zip Code	

I hereby accept the appointment as registered agent and agree to dct 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 addless. I hereby confirm that the limited liability company has been notified in writing of this change.

> Agent, Signature of New Registered Agent If Changate Regi

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
	N/A	N/A 	□Add
			□Remove
			☐ Change
			□Add
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ective date, if other than the da	te of filing:		(opt	ional)	
n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be predoes not meet the ann	ior to date of filing or licable statutory fili	more than 90 days afte ing requirements, th	er filing.) Pursuant to 60 is date will not be lis	5.0207 ted as
cument's effective date on the Depa	rtment of State's recor	ds.			
	ate, but not an effective	time, at 12:01 a.m	i, on the earlier of: (	b) The 90th day aft	er the
is filed.	2020				
is filed. FFBRUARY 24TH	2020	·			
is filed. FEBRUARY 24TH	. 2020	·			
De led	2020	nthorized representative	ve of a member		

Filing Fee: \$25.00