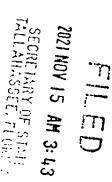
## KZ1000349543

(Requestor's Name)
( to produce the state of the s
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE NOV 24 2021
11/16

Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

September 16, 2021

**CAMILA TORRES** 200 S ANDREWS AVE SUITE 100 FORT LAUDERDALE, FL 33301 US

SUBJECT: CPE INVESTMENTS LLC

Ref. Number: L21000349543

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 721A00022440

## **COVER LETTER**

TO: Registration Se Division of Cor			
CPE Invest			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Camila Torres		
		Name of Person	<del></del>
	Richard N. Rosa PA		
		Firm/Company	
	200 S. Andrews Ave. Suite		
		Address	-
	Fort Lauderdale, FL 33301		
		City/State and Zip Code	
	admin@richardrosalaw.com	to be used for future annual report not	itiention)
For further information c	oncerning this matter, please ca		TRAIN AT
Camila Torres		954 3517474	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Particular and the sale formal	as C.H. anima omounts		
Enclosed is a check for the	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	•
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monre	rananassee be Street, Suite 810

Tallahassee, FL 32303

H

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** 2021 NOV 15 AM 3: 44

FILED

CPE Investments LLC

SECRETARY OF STATE

(Name of the Lamited Leadinty Comp (A Florida Limited	Hability Company)	arav.
The Articles of Organization for this Limited Liability Companion Florida document number $\frac{L21000349543}{L21000349543}$ .	y were filed on <u>08/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10630 NW 57th St	
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	10630 NW 57th St Doraf, FL 33178	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		FloridaZip Code
	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>	Type of Action
AMBR	Patricia Pulido	10630 NW 57th St	□Add
		Doral, FL 33178	□Remove
			■Change
AMBR	Carolina Pulido	10630 NW 57th St	□Add
		Doral, FL 33178	□Remove
			■Change
			□Add
			🗖 Remove
		`. '	□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

Patricia F		
	Signature of a member or authorized representative of a member	
ated October 7	. 2021	
record specifies a d Lis filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ote: If the date ins	isted, the date must be specific and cannot be prior to date of timing of more than 90 days after fitting, if distant to 60 is serted in this block does not meet the applicable statutory filing requirements, this date will not be listly date on the Department of State's records.	sted as t
ffective date, if o	other than the date of filing:	15.0207
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Filing Fee: \$25.00