

L040000052380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

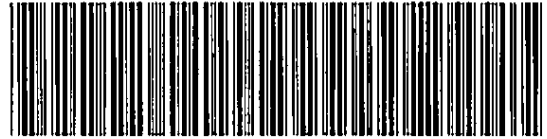
(Business Entity Name)

(Document Number)

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10/02/20--01011--023 **25.00

STATE OF NEW YORK
DEPT. OF COMMERCE
CORPORATION DIVISION

2020 OCT -2 PM 4:27

FILED

NOV 09 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CP CONSTRUCTION & INVESTMENT, 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:

MAURO G SCATTOLINI

Name of Person

C&M CPA, LLC

Firm/Company

175 SW 7TH ST SUITE 1107

Address

MIAMI, FL 33130

City/State and Zip Code

MAURO@CANDMCPA.COM

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

For further information concerning this matter, please call:

MAURO G SCATTOLINI

305 517-3791
at ()

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 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**

CP CONSTRUCTION & INVESTMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 OCT -2 PM 4:27
CLERK OF COUNTY OF DADE
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 07/15/2004 and assigned
Florida document number L04000052380.

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:

55 SE 6TH ST

(Principal office address MUST BE A STREET ADDRESS)

UNIT 1803

MIAMI, FL 33131

Enter new mailing address, if applicable:

55 SE 6TH ST

(Mailing address MAY BE A POST OFFICE BOX)

UNIT 1803

MIAMI, FL 33131

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:

C&M CPA, LLC

New Registered Office Address:

175 SW 7TH ST SUITE 1107

Enter Florida street address

MIAMI

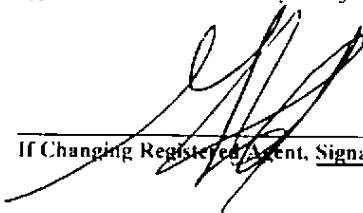
City

Florida 33130

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>	<u>Type of Action</u>
MGRM	CORTES, CARLOS	2700 SW 3RD AVENUE	<input type="checkbox"/> Add
		STE 2F	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33129	<input type="checkbox"/> Change
MGRM	FALLA FALLA, ADRIANA	2700 SW 3RD AVENUE	<input checked="" type="checkbox"/> Add
		STE 2F	<input type="checkbox"/> Remove
		MIAMI, FL 33129	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated SEPTEMBER 28TH, 2020

Adeiana Falla
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00