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COVER LETTER

TO: Registration Section Division of Corporations

CIP Investments Group LLC

SUBJECT:

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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:

Isis Valle, Esq.

Name of Person

Isis Valle, P.A.

Firm/Company

3625 NW 82 Avenue, Suite 401

Address

Miami, Florida 33166

		City/State and Zip Code	·····
	ivalle@ivallepa.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information a	concerning this matter, please e	alt:	
tsis Valle		305 722-0606 at ()	
Name 4	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fcc, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIP Investment Group, 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 January 27, 2006 and assigned Florida document number L06000009851

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.U.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)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the frame of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	iress
	City,	Florida Zin 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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h.

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<u>Title</u>	Name	Address	Type of Action
MNGR	Michael Garcia	8950 SW 74 Court	🖬 Add
		STE 1801	C Remove
		Miami, Florida 33156	Change
	·		
			Remove
			Change
			🖸 Add
			🖸 Add
			Remove
			Change
			🗅 Add
			🗆 Remove
			Change

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

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	m.,
	TALLAHASSEE, FLORIDA
August 1, 2016	

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	ugust 2	
		Month
		Signature of a member or authorized representative of a member
	Genaro Garcia	GONAND A. GRACING
	······································	Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00