L07000120501

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COVER LETTER

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SUBJECT:	Cleme	encia Property Investm	ent L.L.C	∗ f.
SUBJECT: _		<u>: </u>	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ondence concerning this matter	to the following:	
		•	Jose A Hernandez	
			Name of Person	
			Firm/Company	
			16549 Nw 4 St	
			Address	
		Pem	broke Pines FL 33028 City/State and Zip Code	
		antor	nio@cpidreamhomes.com	1
			to be used for future annual report not	
For further inf	ormation c	oncerning this matter, please ca	all:	
Jose		o Hernandez	at (949) 501-20	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a c	check for th	ne following amount:		•
□ \$25.00 Fil	ling Fee	S30.00 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)
	ing Addres istration S		<u>Street Address:</u> Registration Sc	vetian
_		orporations	Division of Co	
	Box 632	-	The Centre of	-
Talla	ahassee, l	FL 32314		oe Street, Suite 810
			Tallahassee, Fi	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clemencia Property Investment L.L.C

(Name of the Limited Liability Company as it now appears on our records,)

(A Fforida Lim	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on _	12/04/2007	and assigned
Florida document numberL07000120501			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
CPI DREAM HOMES L.L.C			
The new name must be distinguishable and contain the words "Limited I	hability Company," the	designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_16549 N v	v 4 St Pembroke	Pines FI 33028
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:	15642 Sand C	Canyon Ave Unit	51553 Irvine Ca, 92619
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	īce address on our	records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fi	lorida street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance a as provided for in	of my duties, and Lo Chapter 605, F.S.	m familiar with and Or, if this document is

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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
		-	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Remove
			⊡:Change

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an effei <u>ote:</u> - F	the date, if other than the date of filing:
record is file	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 d.
ited _	February 8, 2024
	Signature of a member or authorized representative of a member
	a a a a Suprature of a member or authorized representative of a member
	Inglande of a memory of authorized representative of a memory

Filing Fee: \$25.00