

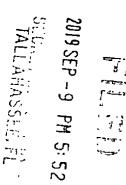
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09/09/19--01625--018 **25.00





COVER LETTER

C. C. & B I SUBJECT:	NVESTMENT GROUP, LLC		
	Name of Limi	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:	
	CARLOS QUINTERO		
		Name of Person	
		Firm/Company	<u> </u>
	3105 NW 107 AVE STE 4	Name of Limited Liability Company	
	DORAL, FLORIDA 33172		
	CARLOSAQ@HOTMAIL.	•	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
CARLOS QUINTERO			
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ING ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C. C. & B INVESTMENT GROUP, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/19/2008}{\text{L08000060320}}$.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	3105 NW 107 AVE SUITE 400	1AI 1019 S				
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FLORIDA 33172					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3105 NW 107 AVE SUITE 400 DORAL, FLORIDA 33172	9 PH 5: 5 2				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the				
Name of New Registered Agent:		<u></u>				
New Registered Office Address:	Enter Florida street address					
		:4.				
	, Flori	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and	I am familiar with and				

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	ARDILA, ALVARO	11366 NW 52 ST DORAL, FL 33178	■ Add
			□ Remove
			☐ Change
			Add
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			☐ Change

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Effective date, if other than the If an effective date is listed, the date must	date of filing:		(optional)	
If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applica	o date of filing or more tha ble statutory filing requ	n 90 days after filing.) Pursu irements, this date will no	ant to 605 ot be liste
he record specifies a delayed The 90th day after the rec	d effective date, but not ord is filed.	an effective time,	at 12:01 a.m. on th	e earlie
Dated	2019			
	(is			
	Signature of a member or author	azed representative of a m	ешоег	
CARLOS QUINTERO				
	Typed or printed	I name of signee	·	

D. At amending any other intormation, enter change(s) here. (Anach talamonia sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00